"Scrubbing my hands constantly to keep them 'hospital clean', could easily make them look red and ugly," says Jean Crow, Registered Nurse. "But my hands never show the harsh treatment they get. I use Noxzema throughout the day to keep them soft and white!"

Hands that work

look lovelier in 24 hours or your money back!

Nurses! Here's one hand cream made especially to help working hands look smoother and whiter!

● If your hands are red, rough and chapped from the endless chores that damage a nurse's hands, try Noxzema's *two-way medicated* care!

Helps heal—helps beautify! Out of all the leading hand preparations, only Noxzema helps working hands look lovelier these *two* important ways:

1. Helps heal tiny cuts and cracks in the skin with its unique *medicated* formula!

2. Helps soften, smooth and whiten hands—supplies a light, protective film of oil-and-moisture to the skin's surface! And—Noxzema is greaseless!

In clinical tests, Noxzema helped the hands of 9 out of 10 women look lovelier—often within 24 hours! Try it on your hands!

Money-Back Offer! No matter what hand care you use now, try soothing, *medicated* Noxzema on your hands tonight. If you don't see definite improvement—in 24 hours—return jar to Noxzema, Toronto—your money back.

Special! For a limited time only, you can get the big 10-oz. jar of Noxzema Skin Cream for $1.25—*twice as much for your money*—at any drug or cosmetic counter. Get *greaseless, medicated* Noxzema today—for lovelier hands!

FOR YOUR PATIENTS' COMFORT

Try Noxzema Skin Cream to help heal the sore irritation of patients' sheet burns. They'll appreciate the delightful soothing relief they get from Noxzema's *medicated* formula. And here's a *new idea* in skin comfort they'll love! Use this dainty *greaseless* cream as a refreshing body massage. It's a wonderful skin tonic—will make them feel good *all over!* Noxzema is *greaseless*—so there's no worry about staining bed linen. Start using Noxzema *today.*

Between Ourselves

The president of the Graduate Nurses' Association of Canada's newest province, ***Newfoundland,*** visits us as our guest editor this month. **Elizabeth Rosemary Summers,** who is director of staff education in the nursing service of the provincial Department of Health, was born and educated in St. John's. She secured her academic diploma in Household Science from Newfoundland's Memorial University and taught for four years in St. John's before entering the school of nursing at Halifax Infirmary for her nurse's training. Very shortly after graduation in 1941, Miss Summers enlisted with the nursing service of the Royal Canadian Navy. She was attached to *H.M.C.S. Avalon* in St. John's and *H.M.C.S. Cornwallis* in Nova Scotia during her time with the Navy. Following her discharge she enrolled at the McGill School for Graduate Nurses, majoring in public health nursing for her B.N. degree.

We are so accustomed to thinking of the provincial nursing associations operating under an Act that we are apt to forget the long years of struggle that ensued in every province before the first registration acts were secured. Our colleagues in Newfoundland are currently tackling this problem. True, there has been a provincial statute for many years providing for the registration of nurses but it is under governmental supervision rather than being administered by the nurses' association. We look forward to the day when we can welcome this association and the nurses of Newfoundland to full membership in the Canadian Nurses' Association.

* * *

Indicative of a new approach to an old problem and a new hope for ***childless couples*** is the use of the adjective "infertile" by **Dr. G. A. Simpson** in his current article rather than the bleak, austere word "sterile." To the average person the two words may carry the same connotation but the findings in the clinic where Dr. Simpson carries on his work are proving that, while there are countless infertile marriages, in only a small proportion of them is there complete sterility.

* * *

The ***project in obstetrics*** *worked out* by the student nurses of St. Mary's Hospital, Montreal, might well be emulated by other schools of nursing. **Sister M. Wilfrid** has given us a fairly complete description of the steps taken in organization and a summary of the papers that were given. Two of these, prepared by **Mrs. Anne Sharkey** and **Dolores Moffatt,** will be found in this issue. The large audience of students, graduates, and visitors will remember the material presented far longer than those of you who read the papers here. The very interesting exhibits were profitable, too.

* * *

This issue contains the ***program*** that has been developed for the **convention of the Canadian Nurses' Association** in Quebec City the first week in June. The regulations regarding ***registration, transportation*** and ***living accommodation*** are also included for everyone's information.

Three important responsibilities emerge from this body of material. *First,* there is no form that must be secured to send in for registration. Simply write a letter to the C.N.A. *Second,* every person attending the convention *must make her own reservations* for living accommodation. There is no billeting office as there was for the last two conventions. You are strictly on your own. *Third,* read the instructions regarding travel arrangements carefully if you are going to Quebec by train. Believe it or not, despite the hundreds who attended the conventions in both 1948 and 1950, not enough nurses remembered to secure the essential certificates to bring the total up to the necessary 75. This year, save yourselves some money by securing the proper certificate at the time you purchase your one-way ticket.

* * *

Large volumes have been written describing the history, physical features, culture and peoples of the ***Province of Quebec.*** We could not begin to compress all of this information into the pages of one issue. However, we feel that the word picture that Montrealer **William Dunne** has sketched will excite your curiosity to delve for more. Next month, some of the highlights of Quebec City will be described for us by Col. Bovey.

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Here are two wonderful new creams we would like you to try. Because they are so rich, soothing and such perfect complements to one another — we know that nurses will welcome this special introductory offer in hand and skin care.

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is a non-drying, antiseptic, greaseless skin cream, ideal for keeping hands and face smooth and soft, and for any minor skin blemishes roughness or chap. It contains Lanolin, which as you know is rich and soothing to your skin and prevents dryness.

Lanoderm
1
Lanoderm
2

No. 1 - 69¢
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Both for
$1.00

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is a rich, nourishing skin cream that will keep your complexion velvety smooth and soft. Its natural oils make it particularly helpful to dry skins — yet it is light and luxurious to use.

Just fill in this coupon — and we'll send both to you at once.

Palmers Limited
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Please send me two full size jars of Lanoderm Creams, for which I enclose $1.00.

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YOUR MONEY BACK

If you, for any reason don't like these creams, just return the unused portion to us and your money will be refunded.

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ESTOPEN

Manufacturer — Glaxo (Canada) Ltd., Toronto.

Description — Hydriodide of the diethylaminoethyl ester of Penicillin G as a sterile powder which readily forms an aqueous suspension.

Indications—Bronchitis (chronic and acute), bronchiectasis, pulmonary abscess, pneumonia, pleurisy and lung infections associated with pulmonary carcinoma.

Administration — Intramuscularly. Up to 1,000,000 units per day.

LOKOTRACIN LOZENGES

Manufacturer — Frank W. Horner Limited, Montreal.

Description — A throat lozenge containing:

Bacitracin	250 units
Benzethonium chloride	2.5 mg.
Benzocaine	7.5 mg.

Indications — Most common infections of the mouth and throat. Particularly useful in patients who exhibit sensitivity to penicillin.

AMBERMIDE

Manufacturer — John A. Huston Co. Ltd., Toronto.

Description — Compressed, plain tablet, contains:

O-Hydroxybenzamide (Salicylamide)	2 gr.
Calcium succinate	2.8 gr.
Aluminum hydroxide	1.7 gr.
Magnesium hydroxide	0.649 gr.

Indications — For treatment of rheumatic fever, arthritic, rheumatic and associated conditions.

Administration — Orally, as directed by physician.

TERRAMYCIN OTIC

Manufacturer — Chas. Pfizer & Co., Toronto.

Description — Crystalline Terramycin HCl 25 mg. vial and a separate dropper bottle containing 5 cc. of solvent (95% propylene glycol, 5% benzocaine). The two mix to form a clear solution stable under refrigeration for 48 hours.

Indications — For anti-infective effect and relief of pain in external ear infections.

TYROTRACE OINTMENT

Manufacturer — Sharp & Dohme (Canada) Ltd., Toronto.

Description — Each gm. contains 500 units Bacitracin and 500 mcg. Tyrothricin in a white paraffin base.

Indications — Local treatment of pyogenic skin infections due to a wide range of pathogens.

Administration — Apply liberally at least once daily. The contained antibiotics have a low index of sensitivity and toxicity when used locally.

INTRASKIN

Manufacturer — Bell Craig Ltd., Toronto.

Description — Specially prepared skin penetrating solution of sulphur.

Indications — Acne vulgaris and acne rosacea.

Administration — As directed by physician.

VERILOID-VPM

Manufacturer — Riker Pharmaceutical Company Ltd., Toronto.

Description — Each tablet contains Veriloid, Riker brand of hypotensive fraction of Veratrum viride 2 mg., Phenobarbitone 15 mg., Mannitol hexanitrate 10 mg.

Indications — Hypertension, all forms, especially in patients who exhibit low tolerance to Veriloid Plain or in whom dosage regulation has proved difficult.

NURSE

YOUR BLUE CROSS STORY MAY WIN YOU A VALUABLE PRIZE

Most nurses will remember some instance when Blue Cross hospital service has proven of unusual assistance to one of their patients. The Blue Cross Plans of Canada would like to hear YOUR story and are offering two major prizes for the best entries as well as ten additional prizes for best entries from each Province.

★ Entries may be up to 1,000 words and must be mailed to Canadian Nurses' Association, 1411 Crescent Street, Montreal, P.Q., postmarked before midnight April 30, 1952.

★ All graduate nurses and senior students are eligible.

★ Winners will be announced at the Canadian Nurses' Association Convention, Quebec City, June 1 - 6, 1952.

You don't have to be a writer — just a nurse with a true sincere story.

CANADIAN COUNCIL
OF
BLUE CROSS PLANS

GARDE

GAGNEZ UN PRIX EN ÉCRIVANT UN ARTICLE SUR LA CROIX BLEUE

La plupart des gardes-malades se souviendront sans doute d'un cas particulier où la Croix Bleue a rendu de grands services à l'un de leurs patients. Les Plans de la Croix Bleue du Canada aimeraient que vous racontiez cette expérience dans un article, et vous offrent deux grands prix pour les meilleurs articles, ainsi que dix prix supplémentaires pour les meilleurs articles soumis dans chacune des dix provinces canadiennes.

★ Les articles soumis pourront se composer de jusqu'à 1,000 mots, et devront être postés à l'adresse suivante : Canadian Nurses' Association, 1411 rue Crescent, Montréal. Les enveloppes devront passer par le bureau de poste avant le 30 avril 1952 à minuit.

★ Toutes les gardes-malades graduées, ainsi que les étudiantes de dernière année sont admissibles.

★ Les noms des gagnantes seront annoncés à la Convention de l'Association des Gardes-Malades, qui aura lieu à Québec, du 1er au 6 juin 1952.

Il n'est pas nécessaire que votre composition soit parfaite. La sincérité de votre article sera le point le plus important.

CONSEIL CANADIEN
DES PLANS
DE LA CROIX BLEUE

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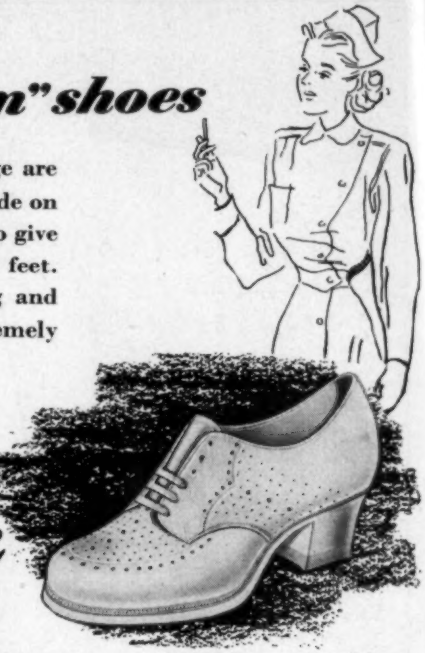
"white uniform" shoes

"White Uniform" shoes by Savage are light and cool and beautifully made on Hurlbut lasts. They're designed to give a relaxed and easy swing to busy feet. Attractively styled, they last long and wear well. You'll find them extremely comfortable and long-wearing.



by Savage

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Just for Today

Just for today I will try to live through this day only, and not tackle my whole life problem at once. I can do something for twelve hours that would appal me if I felt that I had to keep it up for a lifetime.

Just for today I will be happy. This assumes to be true what Abraham Lincoln said, that "most folks are as happy as they make up their minds to be."

Just for today I will adjust myself to what is, and not try to adjust everything to my own desires. I will take my "luck" as it comes, and fit myself to it.

Just for today I will try to strengthen my mind. I will study, I will learn something useful, I will not be a mental loafer. I will read something that requires effort, thought and concentration.

Just for today I will exercise my soul in three ways: I will do somebody a good turn, and not get found out; if anybody knows of it, it will not count. I will do at least two things I don't want to do—just for exercise I will not show anyone that my feelings are hurt; they may be hurt, but today I will not show it.

Just for today I will be agreeable. I will look as well as I can, dress becomingly, talk low, act courteously, criticize not one bit, not find fault with anything, and not try to improve or regulate anybody except myself.

Just for today I will have a program. I may not follow it exactly, but I will have it. I will save myself from two pests: hurry and indecision.

Just for today I will have a quiet half-hour all by myself, and relax. During this half-hour, sometime, I will try to get a better perspective of my life.

Just for today I will be unafraid. Especially I will not be afraid to enjoy what is beautiful, and to believe that as I give to the world, so the world will give to me.

—*Author unknown*

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Yes, security costs so little when you build your retirement income around a Canadian Government Annuity. It's fun to face the future this way, and easy, too. There's no medical examination. Payments are low and your contract won't lapse if you miss one. Your money is guaranteed by the Government of Canada *and* . . . YOU CAN'T OUTLIVE YOUR INCOME!

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T-15

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Proved effective in 80% of all cases • Common dandruff controlled in 92 to 95% of cases • Symptoms relieved for 1 to 4 weeks • Successful where other treatment has failed

Greater effectiveness . . . prompt and prolonged relief of symptoms . . . simplicity of use . . . these are the advantages of SELSUN SUSPENSION in the treatment of seborrheic dermatitis of the scalp. In clinical studies[1,2,3] with 400 patients, SELSUN effectively controlled 80 percent of all cases of seborrheic dermatitis of the scalp, and 92 to 95 percent of cases of common dandruff. In most patients, itching and burning of the scalp stopped after only two or three applications. Many had used shampoos and sulfur preparations without improvement. SELSUN relieves symptoms for one to four weeks. Conveniently applied while washing the hair. Leaves no objectionable odor. SELSUN is supplied by pharmacies in 4-fluidounce bottles, and is dispensed on prescription only.

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VOLUME FORTY-EIGHT *NUMBER THREE*

MONTREAL, MARCH, 1952

In Memoriam

King George VI has passed into history, a monarch whose human touch served to cement the ties of Commonwealth through all the days of his reign.

One of England's greatest poets wrote that kings are like stars—they rise, they set, they have the homage of the world but no repose. The words ring true of our late beloved sovereign. Anticipating a life of quiet usefulness, this shy and frail man was thrust into that fierce light that beats upon the throne. He did not waver at the call of duty. The fifteen years of his reign have borne witness to his self-effacement and his faithfulness to his high task. He will always be numbered among the great and good of England's kings, for, in his person, he combined humility and power, wisdom and love, and an enduring loyalty to his God and to his people.

King George and his gracious Consort have always shown an active and understanding interest in nurses and nursing. To many Canadian nurses the late king was more than a beloved sovereign—he was a comrade-in-arms. Many received in person, and at his hands as their Commander-in-Chief, the medals and citations to which their service during the war had entitled them. He had a personal and kindly courtesy that never grew stale with the repetition of ceremonies. He realized how much the occasion meant to the recipient of the honor he was conferring.

Those who listened to the last broadcast on Christmas Day must have been touched deeply by the strange, altered voice that carried even more conviction than usual because we knew the difficulties under which he spoke.

"We are living in an age which is often hard and cruel, and if there is anything that we can offer to the world today, perhaps it is the example of tolerance and understanding that run, like a golden thread, through the great and diverse family of the British Commonwealth of Nations.

"I wonder if we realize just how precious this spirit of friendliness and kindness is?"

May he rest in peace and may
Light Eternal shine upon him.

Newfoundland's Nurses

NURSING IN NEWFOUNDLAND is like nursing in any other province, with some differences which may be partly attributed to the geography of this island that has lately joined forces with the rest of Canada.

Nursing has always appealed to young Newfoundland girls and when, as is fairly general, the choice of a career lies between this profession and that of teaching, a large percentage of our high school graduates choose nursing. By and large they make very good nurses, contributing immeasurably to the health of the people within this province and farther afield as well.

They wear the uniform proudly. As in other places, the profession loses from active service large numbers through matrimony. Many married nurses, however, still like to nurse and they are welcome in all fields of nursing service.

In Newfoundland there are three schools of nursing, all of which offer a three-year course which is comprehensive and which includes affiliation programs in psychiatry, communicable disease, and tuberculosis. We hope to establish a program in public health nursing in the near future.

Our cottage hospitals, of which there are 17, are maintained by the Department of Health. They employ from two to five nurses depending on the size of the hospital. District nursing, both in St. John's and in various parts of the island, has a strong appeal for many nurses. It presents a challenge in this phase of work that is unique and which can be very satisfying to the individual nurse. It is frequently the only source of medical aid within the community. About one-third of all those actively engaged in nursing in Newfoundland are in the field of public health.

Van Dyck, Montreal

ELIZABETH SUMMERS

Nursing in institutions, such as the general hospitals, tuberculosis sanatoria, the mental hospital, and the various smaller hospitals operated by industry, has an equally strong appeal for many nurses.

In our schools of nursing graduate nurses are responsible for the larger share of instruction of students. All of these schools are up to date and have curricula which offer broad and comprehensive programs for the preparation of future nurses. Recently a trend has been established by the introduction within the preclinical period of the concept of health and its rightful place in the understanding of the total care of the patient.

Some students have had an opportunity of observation field trips into homes within the community, which have already proven to be of value in changing attitudes and in an appreciation of the patient as a person with all that sickness implies within the family circle.

Registration in Newfoundland is at present controlled by the Department of Health, which administers the Act concerning the registration of nurses. This Act has been in effect since 1935.

The Newfoundland Graduate Nurses' Association is the official professional nurses' organization in the province. Its aims are to ensure the maintenance of good professional standards and to encourage educational programs which are planned for keeping our nurses up to date in medical and nursing advances.

This association and all Newfoundland nurses are greatly indebted to the Canadian Nurses' Association. This national organization has been most generous and cooperative in its relationship and personal contacts with us over the years. This may be especially stressed at the present time when, through the Newfoundland Graduate Nurses' Association, we are endeavoring to establish an association of registered nurses which, it is hoped, will be able to administer and control nursing affairs within limits which will be of most benefit to those who are in need of their services, as well as to the profession itself.

Elizabeth Summers, B.N., R.N.
President
Newfoundland Graduate Nurses' Association

The Infertile Marriage

G. A. Simpson, M.D., C.M., F.R.C.O.G.

The study of an infertile couple has undergone considerable change and emphasis in recent years but the medical, nursing, and general public do not in general appear to appreciate this fact. In the first instance we believe that an interval of twelve months of infertility, during which the couple have been having normal sexual relations without contraceptive practices being used, warrants a visit to a physician for examination and advice. In most cases, after examination has failed to disclose any anatomical or physiological derangement, simple instruction about technique and ovulation time are all that seem indicated. If the period of infertility has been prolonged or an abnormality is detected then a more complete investigation is begun. In this the gynecologist cooperates with the urologist and the endocrinologist in making the study complete. The procedure followed at the Infertility Clinic of The Royal Victoria Montreal Maternity Hospital will be here outlined.

The husband and wife appear together at the first interview and this opportunity is taken to explain to the couple what basic procedures we intend to perform. It is important to obtain the complete cooperation of the couple at this time. While most of the patients appreciate how the woman becomes impregnated these facts are reviewed to emphasize that both partners must be examined.

An appointment is arranged for the male to be examined by the urologist and the latter submits a report of his examination and sperm studies which is incorporated in the chart. Unless there is found to be a complete lack of sperm on repeated semen examination the investigation of the female is continued.

The Wife

In taking the history special note is taken of the menstrual history; frequency and technique of the coital act; and whether there have been any abdominal operations or previous pelvic inflammatory disease. If there has been no pregnancy it is a problem of primary infertility but if there hav- been previous abortions or pregnane cies, it is a case of secondary infertility. In the latter case special note is made of any postabortal or postpartum complications. If any abdominal or pelvic operation has been performed it is advisable to write the hospital for particulars as to what was done, since most patients are very vague about operation details.

The general physical examination

Dr. Simpson is assistant professor of Obstetrics and Gynecology, McGill University, and obstetrician and gynecologist, Royal Victoria Montreal Maternity Hospital.

rarely shows any marked deviation from normal though a certain percentage are overweight if not definitely obese. Any psychological tension appears to arise from the apparent inability to have a child. The examination of the pelvic organs may be negative but special attention is given to the cervix and cervical secretion and to evidence of inflammatory disease of the Fallopian tubes. A fixed retroversion of the uterus, with displacement of the cervix, is sometimes present but congenital abnormalities or hypoplasia of the genital tract are uncommon. Laboratory tests include urinalysis, blood Wassermann and Kahn, with a complete blood count and basal metabolism test if indicated.

We will suppose that the pelvic examination is negative and that the patient had finished her menstrual period about seven days previously. The next step is to test the patency of the Fallopian tubes. This is done by passing carbon dioxide gas under manometric control which is recorded on a graph on a kymograph. The cannula is inserted into the cervix in a manner so that the gas does not escape back into the vagina. The gas, therefore, passes out through the tubes into the peritoneal cavity if the tubes be patent. This ordinarily occurs at a low pressure (100-120 mm. Hg.). If the tubes are blocked the maximum pressure allowed should not exceed 200 mm. Hg. The actual insufflation causes only slight discomfort. To check the kymograph reading an assistant listens with a stethoscope over each lower quadrant of the abdomen where a hissing sound ordinarily indicates escape of gas through the ends of the tubes. If much gas escapes into the peritoneal cavity the patient will complain of pain in each shoulder when she stands up after the test. The test is performed in the out-patient department and is contraindicated by the presence of cervicitis or other infection of the genital tract.

If the tubal insufflation test with carbon dioxide shows a block after two tests at the one sitting, arrangements are made for visualizing the genital tract by performing a uterosalpingograph. The uterosalpingograph must be done within seven days of the end of the menses. A sterile radiopaque substance, Lipiodol, is injected into the uterus and the flow of the fluid is followed visually through the fluoroscope in the x-ray department. No anesthetic is given to the patient. The fluid is injected slowly under gentle pressure and about 6-10 cc. are used. X-rays are taken to give a permanent record and a follow-up plate is taken 24 hours later. At this time the spill or retention of the Lipiodol is very evident and the site of the obstruction is shown. The test appears to have a definite therapeutic effect.

Thus far we have excluded three of the common causes of infertility in the female: chronic cervicitis, tubal block, hypoplasia or malformation of the uterus.

The functional study must then be done and this will disclose if ovarian function is normal. The patient is instructed how to take and record on a chart her basal body temperature each morning on wakening. This may be taken orally, though the rectal method may be preferable. She is then told to report after her next period is finished. At this second visit the basal body temperature chart is examined and any defect in technique is corrected. The patient is then instructed:

1. To continue taking the basal body temperature.
2. To save all urine voided and collect it in 24-hour specimen bottles from the 12th day of the cycle until the next period starts. She is given two bottles and brings these every third morning to the medical laboratory where the amount of pregnanediol glycuronate excreted is assayed.*
3. To report on the 24th day of the cycle when an endometrial biopsy is performed with a suction curette without anesthesia.

We are thus able to tell for that

---

*The urine assay may be omitted if facilities are not available.

particular monthly cycle: if she ovulated about the 14th day or not; if the corpus luteum is normal or deficient; if the endometrial response to the ovarian horomes is normal.

Meanwhile the husband's report has been returned with detail of the semen analysis. The final investigation consists in examining the mucus from the cervix within a few hours of the patient having intercourse at approximately the time of ovulation. If there are several motile sperms apparent on examining the mucus through the high-power field of a microscope it is shown that the cervical or vaginal secretions are not antagonistic to the sperm.

It is apparent that this investigation will have extended over two or, more likely, three months at the least. If the husband and wife do not understand this apparent delay and the reason for the tests they may refuse to continue. At the completion the findings are reviewed and the husband and wife are informed of the results. A course is outlined to them and guarded though hopeful prognosis is given in most cases.

TREATMENT

In common with other infertility clinics our experience has been that there are often a number of factors present in the couple, each of which is contributory. It is difficult to cure them all but, though chance appears to play rather a large part in overcoming the problems, we do believe we have aided a fair proportion with our advice and treatment. A high-protein, high-vitamin diet is prescribed; the optimum period for having intercourse, the fertile period, is explained and any error in technique is adjusted. A program to improve the health of both husband and wife is important and a restful holiday with relief from responsibility and tension may be all that is required.

The patient who has chronic cervicitis, with or without evidence of chronic tubal inflammation, ordinarily requires prolonged treatment. Care must be taken not to cause an acute flare-up of the infection by too active therapy. The patients with ovarian dysfunction luckily appear to correct themselves but those who require hormone therapy must be very carefully supervised by the endocrinologist and the results are variable. If pregnancy does result great care must be taken to avoid abortion or an abnormal type of labor.

The husband is found to be responsible in about 25 per cent of the cases. It is with this group that the question of artificial insemination arises. This is not performed in this clinic.

This investigation requires patience since the careful timing of the various procedures must be maintained or ambiguous results are obtained. The various tests do not require hospitalization. Continuity of supervision by one physician-in-charge creates a proper patient-doctor relationship which is essential to success in an out-patient clinic.

Dear Editor:

In reading the January number of *The Canadian Nurse*, I was appalled to learn that less then one-third of the membership subscribes to this excellent and informative publication. You, very rightly, ask how do they know what is happening in nursing?

When I became a member of the Life Underwriters Association, there was no mention of the magazine. The price of the necessary publication was automatically included in the membership fee. One was glad to read current news and views appertaining to life underwriting.

I miss the news and views since I resigned but I would feel lost without *The Canadian Nurse* coming into my home each month. What can be done to enrich the over two-thirds group? I believe each student in our schools of nursing should have a copy included in her list of textbooks. Furthermore, I believe that the official publication should be included in the membership fee. Those, like myself, who have resigned in good standing could subscribe individually.

Nurses awake and not only keep informed but contribute articles from your experience!

—K.E.G., B.C.

Nutrition Classes in a Prenatal Clinic

BARBARA R. ROBERTSON *and* I. TERESA FLOYD

FOREWORD

For years I tried to interest someone in an idea I wanted to inject into my Prenatal Clinic but I could never find the right person with the right training. There were lots of dietitians but I didn't want someone just to stand up before these women and tell them about a lot of foodstuffs they should have (but couldn't afford) and methods of fancy cooking (for which they had neither the pots, the pans, nor the intelligence).

What I wanted was a bright girl with a knowledge of the right sort of foods for any family, the cheapest way to get those foods, and the cheapest, easiest and best way to prepare them. For years I put the project before dietitians who gave me that sideways glance we give to people who, we think, are a bit touched in the head. Nobody who knew anything about food seemed ever to have had gumption enough to go out into the markets, look at the various foods available to the poor, and make up their minds how these cheap (yet essential) foods could be best cooked by a woman with limited kitchen utensils. And then one day when I was working at the clinic two bright-eyed girls appeared. They had been sent by Miss Juanita Archibald, director of the Nutrition Division of the Department of Public Health of Nova Scotia. When they told me what they were prepared to do I could have kissed them. Their idea was my idea. They started working at once and only God and one or two others of us know how tremendously valuable their work has been. The article that follows deals very modestly with that work. But young Canadians are growing into health because of their integrated teaching who will make their names blessed.

— H. B. ATLEE, M.D.

"You look pale and feel tired, don't you?" said one of the patients in the prenatal nutrition class. The discussion was about foods rich in iron. One mother knew how a lack of iron made her feel. There were six mothers and four student nurses in our group. The nutritionist who was teaching the lesson is an employee of the Nutrition Division, Nova Scotia Department of Public Health. The lesson had been brightened by the use of a poster and cardboard food models on a flannelgraph. Tea and sandwiches with a filling of peanut butter mixed with molasses and chopped raisins were being served. The bread in the sandwiches was wholewheat. The women were favourably impressed by this tasty sandwich and were intrigued when they realized that all four ingredients contained iron.

This was one of our classes held in the prenatal clinic of the Dalhousie Clinic Building in Halifax, Nova Scotia. These classes are held twice a month on Friday afternoons. They last for one hour and are conducted during regular clinics. Many of the patients would be sitting in the waiting room, anyway, during this time so

(1) *The cupboard and equipment used for cooking demonstrations. The classrom also contains an enamel-topped table, sink, and blackboard.*

the nutrition classes use the period to advantage.

Our classroom is small but easily seats about 14 people. Its smallness is an advantage, making us a more compact and companionable group. In equipment we have a cupboard, table, sink, double-burner hotplate, and cooking utensils.

Most of the lessons taught stem from a recipe calling for the kind of food under discussion (*Picture 2*). Dr. H. B. Atlee, professor of Obstetrics and Gynecology, Dalhousie University, requested that the classes be based on the food needs of a family rather than exclusively on food needs during pregnancy. Of course, the prime food problem these women have is to feed their families not merely themselves. As they watch cooking demonstrations, receive recipes, and gain points about planning meals they are also told how, during pregnancy, they need extra amounts of certain foods. They learn how to choose and prepare foods so as to best feed both themselves and their families. We prepare the food for cooking and cook it before their very eyes, so that they can see and understand each step of the process.

Many are on limited budgets so low cost foods are stressed. Wise buying and cooking procedures are taught.

Many of our patients have meagre facilities for cooking in their homes, so we have kept our equipment meagre to match theirs. We have likewise chosen the sort of foods they can afford and have prepared and cooked them in the simple way that they would use (*Picture 1*). We felt it was most important to adopt this principle rather than show them a lot of equipment they could not afford to buy and the type of cooking they would be unable to undertake with the facilities they had available. We feel that these factors did a lot to interest our patients in our demonstrations.

The student nurses who attend these talks are affiliates from the Children's Hospital and the Halifax Infirmary as well as others who come to observe in the clinic.

Each mother receives a copy of the printed card, Daily Diet for Mothers, prepared by the Department of National Health and Welfare. Mimeographed sheets of recipes used during the lessons are prepared by the nutritionist and are given to each mother. Although each patient hears only three or four talks it is thought that even such a brief exposure to nutrition is influential and helpful. The diet card, through words and pictures, tells the mother the amount she requires of each kind of food. In the clinic classes, we discuss one of these types of food each day or we study a variety of foods containing one of the nutrients especially necessary during pregnancy. Our lesson on iron-rich foods is an example.

(2) *Mothers and nurses look on while the nutritionist prepares a cream soup.*

To provide an idea of the type of lessons taught, here is a list of subjects discussed since the first class was held:

Better foods build better babies
Warm weather dishes
Eggs
Vim from vitamins in vegetables
Tasty beverages and cream soups
The lunch box
Daily diet for mothers
Meat and meat alternates
A fish story
Stretch your food dollar
The daily D (Vitamin D)
Developing good feeding habits in children
Feeding the child from birth to one year
Feeding the child from two to six years
Molasses
King Potato
Serve cheese often
Milk for everyone
Cereals in our meals
Iron for good red blood

You can see that we have a variety of subjects and many have been re-

Photos Courtesy N.S. Bureau of Information

(3) *One mother gets a close-up view.*

peated with different groups of mothers.

The recipes we have used have ranged from cream soups to graham muffins to hard-cooked eggs served as supper dishes. The patients are eager to get recipes, so this approach to nutrition seems satisfactory to everyone. The women are noticeably more interested when the topic for the day gives them information they can apply to their whole families. A lesson, stressing only their own diets, seems less acceptable to most groups. The medium of the recipe and the family meal pattern is more successful for our purpose and more interesting and helpful from the patient's standpoint (*Picture 3*).

Our first class was held in June, 1950. From that time until November, 1951, a total of 324 patients have come to the Nutrition Classes. Forty-two classes have been held and 20 different lessons taught. Up until September, 1951, talks and cooking demonstrations were given weekly on alternate Tuesday and Friday afternoons. A shortage of staff has caused us to limit the classes temporarily to once every two weeks.

An Obstetrical Project

Sister M. Wilfrid

"Mighty oaks from little acorns grow." This was literally fulfilled on a minor scale at our obstetrical project presented by the students of St. Mary's Hospital School of Nursing, Montreal.

It all started when our supervisor, Sister Miriam, and the obstetrics instructor, Miss M. Harford, proposed that we, the students taking our obstetrics course, should plan a demonstration as an educational project, under the heading "The Latest Trends in Maternal and Infant Care." It was scheduled to be presented one month later. Five students were selected to prepare papers on specific topics and four to participate in a skit. Three others were named as a business committee. Research was begun for material, each student being responsible for a poster illustrating the topic which she was assigned. A list of business addresses was made available with the suggestion that we write these companies requesting them to send us literature, posters and samples of their products for our demonstration. From here on, with occasional checking as to progress, we were on our own!

Twenty companies participated in our project by providing material for exhibits which ranged from sample packages of Diaparene Ointment of the John A. Huston Co. Ltd. in Toronto to the $500 *Humidicrib* of Casgrain and Charbonneau Ltd. of Montreal. We deeply appreciated the cooperation of these firms in displaying their products for educational

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Sister M. Wilfrid is a student at St. Mary's Hospital, Montreal.

purposes. Although the demonstration was not a sales promotion, nevertheless we hope it may prove such for the companies concerned.

At last the memorable day had arrived! The different outlook of mothers towards childbirth now, as compared with 50 years ago, was depicted by the chairman, Miss B. MacEwan, in her introduction, "The World is an Ever-Changing Sphere." This stressed the difference of place of birth, clothing of the child, preparation for delivery and the after-care of the mother.

The "skit," representing an old graduate visiting her alma mater which has been greatly improved, was here introduced. The old graduate was rather resentful of "too much fussing about this baby business," as she expressed it, but nevertheless thanked the staff for inviting her to the project.

The topic, "Childbirth Without Fear," which is so often misinterpreted as childbirth without pain, was then discussed by Miss J. Corrigan. It must be remembered that no obstetrician or writer on the subject suggests that labor is without pain or that delivery should be without the aid of anesthetic when needed. At childbirth mothers are apprehensive because they are emotionally upset. Fears are present in varying degrees in every mother. If properly instructed before delivery, so that they know what to do at each stage of labor, childbirth will not hold the terror that it has had for some. This is why the nurse in the delivery room has an important role to play in aiding the mother, both physically and mentally. Relaxation by means of exercises during pregnancy was also mentioned and methods of accomplishing this were depicted on a poster.

Miss D. Moffatt spoke on "The Rooming-In Plan." Technically it is a hospital arrangement whereby the mother may keep her baby in a crib near her bedside whenever she wishes, as contrasted with the conventional method of a central nursery. The husband may visit his wife and baby in the hospital, thus forming the environment of the perfect family unit. The advantages of this plan are that from earliest infancy the child has the feeling of security. The husband and wife may share the happiness of these precious days. The disadvantages are that the public would have to be acquainted with and necessarily accept the plan before it would flourish. Also the new regime would require renovation of the obstetrical department.

Johnson & Johnson

Project participants

Under the heading, "How to Bring Up Baby," Mrs. A.(Gelineau) Sharkey brought out the advantages of breast feeding, which is the most normal, satisfying and recommended way of nursing the new baby. Of course, circumstances may necessitate the bottle-feeding method. If so, use of the new type of bottles with inverted sterile tops or disposable plastic bottles are available to the modern mothers. Other labor-saving devices and new products, mostly of plastic origin, were briefly described.

"The Christian Family and its Security," as given by Sister Mary Assumpta, stressed the fact that the present world emphasizes the necessity of a proper health program for the family. It is true that the security of the family rests to a considerable degree in the physical health ensured by the state of today. It is also true that the basis of human progress is spiritual unity. "The family that prays together, stays together."

The program concluded with the

"old graduate" being entirely converted to the advantages of all our newer methods in obstetrical nursing. The chairman closed the program with a few fitting words. Refreshments were served by the courtesy of Nestlé's Milk Products (Canada) Ltd., after which the guests were invited to examine the booths.

Guests of note were:

Rev. Sister Superior, Sister M. Hildegarde; the director of nursing, Sister M. Felicitas; and Sisters; the hospital administrator, Mr. G. Bartel; the editor of *The Canadian Nurse*, Miss M. Kerr; the assistant secretary-registrar of the A.N.P.Q., Miss C. Aikin; members of the Obstetric Department of the Royal Victoria Hospital, Montreal, Miss G. L. Yeats and Miss M. McRae; president of the Maternity Committee of St. Mary's Hospital, Mrs. L. D. Mason; graduates and students.

In this project we feel that we, the students who participated, gained knowledge for our own work in this field. We trust that those present realized that although obstetrics is an age-old field, newer equipment is being designed which ensures safety for the life of the mother and baby and facilitates the work of obstetricians and nurses.

What had modestly started out as a departmental project had blossomed into a small convention!

Starting Baby Off

ANNE (GELINEAU) SHARKEY

"HOW TO BRING UP BABY?" is the problem facing many young couples today. Parents' magazines, weekly and monthly periodicals, and daily papers all blaze forth with some new or revived theory on the rearing of children.

These various papers and books colorfully illustrate the latest in sleeping togs, rompers, bottles, sterilizers, carriages, beds, etc. The young couple, raising their family on a severely budgeted income, can, with help, choose their nursery equipment with a view to eliminating the long hours of a young mother's daily chores. Very often illustrated in the various journals are pictures of actual childbirth, breast feeding, sick and well babies, all of which help to educate and prepare the young husband and wife to accept their role as good, though modern, parents.

In the days of our grandmothers, babies were breast fed until they were nine months and sometimes ten or even twelve months old. Mothers, at that time, took it for granted that nursing was the one and only way to nourish a child. Today, with special formulas, etc., some mothers voice objections to "nursing" their baby. Many are the excuses that we hear: "I want to go back to work as soon as possible," "I can't go out when I want to if I nurse," "Your clothes get soiled if you nurse," etc.

All these excuses would appear to indicate either physiological or psychological problems. With an earlier pregnancy, the mother may have had inadequate assistance with breast feeding procedures. There may have been no one to help her when she had difficulties after leaving the hospital. She may have had inverted nipples, engorged breasts or mastitis. None of these experiences is very encouraging for breast feeding in the future.

In this modern hustle-and-bustle era there has developed a negative attitude towards breast-feeding, chiefly due to lack of knowledge. Some women retain childish attitudes of prudery or disgust; others may have

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Mrs. Sharkey is a recent graduate of St. Mary's Hospital, Montreal.

had inadequate health and sex education; while still others may have insufficient knowledge regarding the value of breast feeding.

It is a pity that the calm and serenity of our grandmother's day has gone. These factors were more inducive to successful nursing than the present theme of "rush." However, another practice of our grandmother's time is finding its way back—*self-demand feeding*. By that we mean feeding the baby when it is hungry rather than by the clock. Some mothers, when told of this, may say, "But won't the baby be eating all the time?" No, he won't, because within a few weeks he will put himself on a reasonably regular schedule. The mother will find that by feeding a wide-awake, hungry baby, he will nurse avidly, satisfying both his hunger and appetite and, therefore, relax happily. A baby on a self-demand regime will gradually cut down on the number of feedings required thus compensating for the primary frequent feedings. The mother, whether breast feeding or formula feeding her baby, will have a much happier baby when she follows this self-demand feeding program.

For the woman who is going to raise her child on a formula, unlike her own mother, there is a wide choice of equipment. The first item she should look for is a bottle that can be easily cleaned and boiled without danger of breaking. Heading the popularity list is the narrow-necked bottle, since it is easier to handle and cap. Next is the wide-necked bottle because of the ease with which it can be cleaned. As for size, the eight-ounce is far more practical than the four-ounce bottle because it will meet the baby's needs for a longer period of time. In selecting the bottles the mother should be careful not to choose those that have difficult corners to clean. Some find that their work is made easier when they have a bottle for each feeding in 24-hours, while others manage on one or two. The nipple with a small rounded tip and a short neck is on the list of preferences.

For mothers who dislike all the equipment and procedure connected with washing and sterilizing bottles, the plastic manufacturers have produced what may be considered the wonder of our century in this line—a collapsible, disposable plastic bottle. This disposable bag is made of tough, slightly elastic plastic material which is sterilized beforehand. When all assembled the bag is firmly held between a crown and a ring of firm plastic by means of a rubber washer. The bottle can then be filled and an ordinary nipple is attached to the crown. After use, the bag can be disposed of and only the crown units and nipple have to be boiled.

It has been experimentally proven that these bottles are ideal for poor nursers and those babies who regurgitate their feedings because of too much air-swallowing. For the poor nursers less sucking is required to secure the same amount of milk. For the latter group, since the bottle just collapses as it is emptied, there is no air to swallow and the result is a satisfied, happy baby.

In the days gone by babies were dressed with far too much clothing. The usual wardrobe consisted of a tight abdominal binder, diaper, stockings, a shirt, a baricoat, which was usually made of flannel, covered with a petticoat and a dress. Then the baby was very tightly bundled in a shawl. In sharp contrast today, a baby is clothed in a diaper and loose nightie and left free the greater part of the time. The modern mother is certainly fortunate that these changes have occurred. She is also very fortunate to have that marvellous material, plastic, at her disposal. There are so many uses for this wonder cloth. It can be used to line babies' dress-up panties and the mother need not worry about embarrassing situations. Also it can be used to cover mattresses, for bibs, high chair pads, or as very decorative curtains and as many other articles as a mother's imagination will dream up. As the child grows up any number of beautiful toys can be bought in plastic—there is no danger of chipping or dyes.

La Province de Québec

WILLIAM DUNNE

MANY NURSES will be visiting this, the largest province in Canada, for the first time when they come to Quebec City for the C.N.A. convention next June. This pen picture will attempt to catch some of the lure of this historic countryside which draws thousands upon thousands of tourists every year.

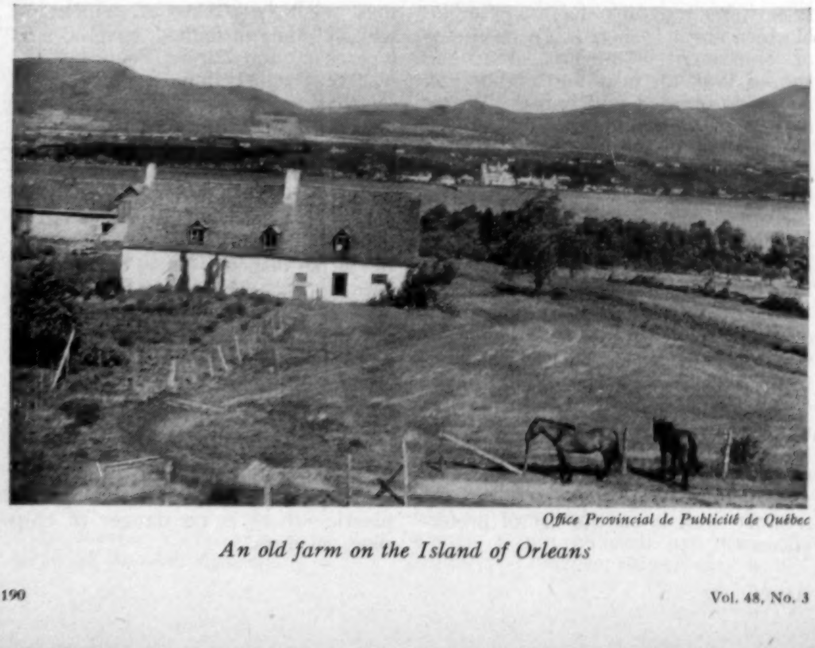
Québec is different because it is French, not like modern France, but French in the sense of holding true to old Norman traditions despite the swift progress of the 20th century; of retaining manners and customs that have long since disappeared from other countries; of building a distinctive culture, rich in its historic background.

The shades of Jacques Cartier, Samuel de Champlain, Frontenac, de Laval, Maisonneuve and Montcalm still haunt French Canada. Québec remains a land of romance in the day of radar and atomic energy.

Quaint villages, wayside shrines, old-world cities, rivers, mountains, tranquil valleys, lakes and forests teeming with fish and game, winter sports, bracing climate, friendly hospitality and a way of life which is distinctive, combine in infinite variety throughout the province to make travel stimulating and different.

Québec is prominent in Dominion statistics with a total area of 594,860 square miles—equal to the combined areas of France, Germany, and Spain—of which the fresh water area amounts to more than 71,000 square miles. All this water, in addition to possessing a strong tourist appeal—the Saguenay and St. Lawrence cruises are examples—provides an available 17 million horse-power—almost equal to those of Ontario and Manitoba combined. Close to seven millions have been developed for industrial purposes so far.

On the north, Québec reaches as far as Hudson Strait and the uncharted wilderness of the Upper Labrador. A large part of this area is made up of Precambrian rocks of the Can-



Office Provincial de Publicité de Québec

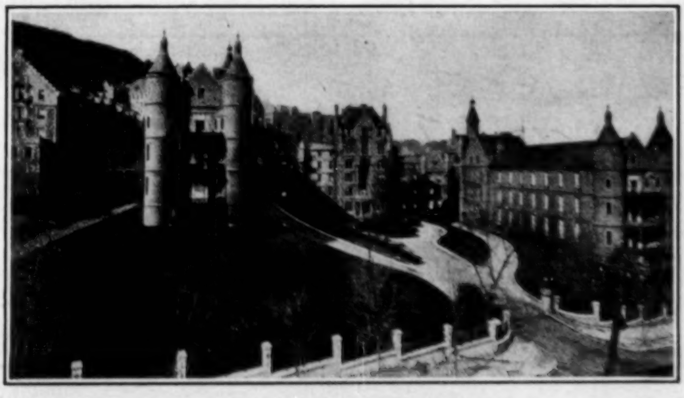
An old farm on the Island of Orleans

The Montreal General Hospital

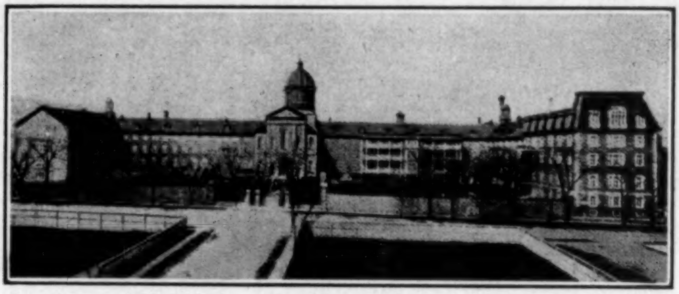
adian Shield, which renders it unsuitable for agriculture. In the far north are the rich goldfields of Abitibi and the newly discovered and apparently inexhaustible iron deposits of Labrador. The fisheries industry in the St. Lawrence River and Gulf are an important resource.

To the south, Québec spans the St. Lawrence River and borders on New York, Vermont, New Hampshire, Maine and the neighboring province of New Brunswick. The climate and soil of the upper St. Lawrence Valley and of the Eastern Townships are well suited to general farming operations, including dairying and the production of vegetables on a commercial basis. Reminiscent of the olden days when great seigniories dominated this area, a typical picture of the countryside will show fields that are fenced off in narrow strips, so different from the broad expanses in other parts of Canada. Whitewashed or old stone farmhouses, commonly with enormous chimneys at either end, stand close to the road. A necessary protective measure in bygone days, the friendly proximity of the houses to the road is still common practice. Wide verandahs run across the front of many of these homes, in both towns and country, with the inevitable rocking chairs where the whole family may sit in comfort on hot evenings and Sundays.

The Ottawa River is the boundary between Ontario and Québec for the greater portion of its length. It meets the St. Lawrence at the western tip of the Island of Montreal. The great river pours through the Lachine Rapids, so called because the explorer, LaSalle, thought he had at last found



The Royal Victoria Hospital, Montreal



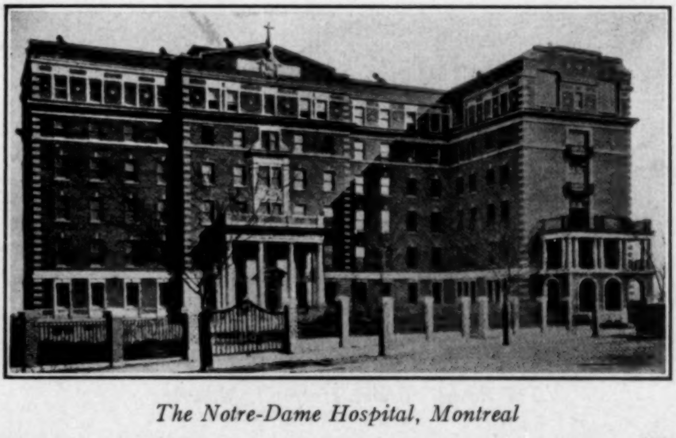
The Hôtel-Dieu, Montreal

the water route to China—*La Chine!* Situated on the island, 300-year-old Montreal has grown to be the metropolis of Canada.

Montreal — The gateway to Canada! A city of contrasts between the 17th century old and the 20th century new. Narrow, crooked streets and weathered, grey stone buildings yielding way to broad highways and modern skyscrapers. Founded in 1642 as a church mission to convert the Indians, today there are many reminders of its French origin. Place d'Armes where Maisonneuve defeated the Iroquois in 1644; tiny Notre Dame du Bonsecours, church-haven for mariners from the seven seas; majestic Notre Dame Church, nearby, built in 1824 to replace the original edifice that dated back to 1672; Chateau de Ramezay, built in 1705 and now a museum.

Today Montreal has spread far beyond the limits of the original Ville Marie to encompass Mount Royal on whose slopes motor vehicle traffic is still banned. On one side of the mountain nestles McGill University. On the opposite side the modern architecture of the University of Montreal is raised. A city of streets thronged with people—of huge department stores and quaint little shops—of mile upon mile of apartment houses with their individual galleries—of innumerable church spires—of a cosmopolitan mixture of races and tongues, predominantly French — Montreal!

In effect, Montreal is two cities, French and English, and everywhere the traveller is confronted with bilingual notices. The love of good music common to the French and English population has resulted in Montreal becoming the home of one of the best outdoor music seasons in



The Notre-Dame Hospital, Montreal

Canada. Spectacular opera and musical performances are held atop Mount Royal and in various stadia during the summer.

North of the city lies a vast mountain playground—the Laurentians. Here are cradled more than 17,000 lakes. Streams and rivers wind through the deep, green valleys. Winter and summer, thousands of Montrealers and visitors flock to the Laurentians for recreation and relaxation. Hay fever sufferers, in particular, find summer comfort in the fresh, pollen-free air.

Motorists driving to Québec from Montreal have a choice of highways on the north and south shores of the St. Lawrence River. Halfway to Québec on the north shore lies Trois-Rivières—Three Rivers—pulp and paper capital of the world. Picturesque old houses with winding outdoor staircases are overshadowed by mammoth piles of pulpwood and high chimney stacks.

A different kind of history is to be found in many of the spots through which the tourist will pass if travelling along the south shore. In the Eastern Townships the population is fairly evenly divided between the English and French. Following Wolfe's victory on the Plains of Abraham many sturdy French colonists left the familiar life of Québec and Montreal to settle in the verdant fertile fields of the Townships. Soon afterward they were joined by United Empire Loyalists who fled from the American colonies to live under the British flag. The two peoples worked together in peace and prosperity. It is not at all uncommon to find a Duncan Fraser who speaks only French or a Raoul Beauchamp whose native tongue is English. Pace of life is leisurely here with promise of rest and tranquillity for weary visitors.

The story of Quebec City will be told in a companion article so no pause will be made here. There are many side-trips that can be made from the city. Thousands travel every year to see the Basilica of Ste-Anne-de-Beaupré. A chapel was started there in 1658 and documents relate that the first in a long succession of miracles occurred during construction. The first stone church was erected in 1676 and served for 200 years. The materials were salvaged and used to construct a commemorative chapel that is still standing.

Office Provincial de Publicité de Québec

Wood carving along the Gaspé Road

Almost any of the multitude of churches throughout the province will repay a visit from one who is interested in studying the exquisite wood carvings and creations of the goldsmiths and silversmiths. Old yellowed registers in many of the churches record statistics about early settlers.

If time permits, the circle tour around the ruggedly beautiful Gaspé peninsula should be included. Every mile of the roadway has historical interest. Evidences of the tide in the St. Lawrence River begin at St. Jean Port Joli where the water begins to be salty. Wood carving and other handicrafts flourish here.

Fascinating place-names greet the traveller — Rivière-du-Loup, Trois-Pistoles, Pointe-au-Père where ships pick up and drop the river pilots. The road climbs past Ste-Félicité, then dips to the coast again through fishing villages such as Marsoui, Mont-Louis, Cloridorme, and on to the tip of land where, on July 24, 1534, Jacques Cartier claimed possession of Canada in the name of the king of France. Here is situated Gaspé. The name comes from a Micmac word meaning "end." Barachois with the sand bar across the bay and, away in the distance, Bonaventure Island, the famous bird sanctuary. Percé, of unforgettable beauty, with the much photographed rock.

Now the awe-inspiring landscapes of the St. Lawrence are left behind and the more gentle slopes along the Bay of Chaleur draw the traveller. Here agriculture flourishes though forestry and fishing are important industries. Westward through the Restigouche and Matapedia valleys and on to Mont Joli. There is the St. Lawrence again in the distance.

In the Good Old Days

(*The Canadian Nurse*, MARCH 1912)

"An occasional nurse complains that private nursing becomes, after a time, monotonous, uninteresting. My opinion of the work is that it is too interesting, too absorbing for constant occupation. Therefore arises the necessity that a nurse put aside absolutely her professional duties for say at least a sixth of her time. Fortunately, our fees are such that we may do this and the vacation we allow ourselves may be devoted to the suppressed fads and fancies that, too, must find expression if we are to develop the all-round personality."

* * *

"In obstetrical nursing, we continue to use the 'nine pins' in the abdominal binder and stand on the left side of the patient to pin that binder on; there is no better way . . . Throughout the first stage (of labor), and the beginning of the second stage, a simple enema is given every twelve hours and the bladder is emptied at least every five hours, either voluntarily or per catheter.

"We allow the mother to rest for at least six hours before putting the baby to the breast, after which the child is nursed every six hours the first 24, every four hours the second 24, after that every two hours during the day and every three hours during the night . . . As auxiliary feedings for insufficiently fed babies we use a mixture of cream and whey almost entirely and it gives great satisfaction."

* * *

"We may as well admit that bacteriology as usually taught, (where any is given), even our anatomy and physiology, would scarcely be accepted in most good high schools . . . Much fuller and more thorough courses in all these subjects are demanded of any young woman who is to teach cooking to children in public school. Lack of time, lack of adequate support, ignorance of the real need, are accountable for these things."

* * *

"In France a successful scheme is carried out under which tuberculous children are boarded in the country until they are 12 or 14 years old. Many become interested in agricultural pursuits. By this means they not only overcome the disease but become useful citizens so long as they continue to lead healthful outdoor lives.

"Are there not doctors throughout Ontario who could let us know of homes where it would be safe to place these bairns, at say from three to four dollars per week, and who would visit them once a month and report to our doctors?"

A School of Nursing Studies the Community

Carol Adams, B.Sc. *and* Lillian Campion, M.A.

WHEN PLANNING the present educational program of the Kitchener-Waterloo School of Nursing, it was thought to be important that all nurses, both in the hospital and the school, develop a concept of nursing that would include the attainment of maximum health for all as well as the prevention of disease and the care of the sick. This necessitates an understanding of the community health program, the function of the nurse, and her relation to other professional workers in the health field.

Method of Teaching

In accomplishing this, some newer methods of teaching have been introduced to this school. Group methods of studying nursing problems have been instituted, thus encouraging an enquiring attitude and stimulating a creative approach toward the solving of nursing problems.

1. *Lecture and discussion.*
2. *Individual studies and group projects:* In both of these special topics are suggested from which the students select the one of most interest to them.

Classes are given in methods of investigating a problem and in organizing and presenting the data secured. The use of visual aids, such as bulletin boards, posters, and dramatic sketches, is encouraged to make the presentation of their project more interesting and effective. The students are prepared to secure the information they need from the community by classes in planning for and conducting an interview.

The preparation and presentation of the individual and group projects to the classes helps the students to develop initiative, imagination, and leadership, the ability to participate intelligently in group discussions, to work cooperatively with others in solving a problem, and to express themselves well before the public.

3. *Individual and group conferences:* Such conferences are planned for in order that the students may receive the guidance and help they need.
4. Observation visits and films.

Curriculum

During the past two and a half years our educational program has been kept flexible which has permitted an experimental approach to community nursing and health teaching. Consequently our program has varied from year to year.

We have attempted to present the community health aspect of nursing through all the learning experiences of the students. During the past year, the experiences of the students in the various classes are described.

Junior Year

During the first six weeks an introduction to health and social agencies was given. The class was divided into groups to study problems of personal health and the health agencies in the community. Observation periods and special lectures were planned. Included in this period was the study of the Victorian Order of Nurses, St. John Ambulance Association, the Public Health Department, the Red Cross Society, an industrial health department, and the Children's Aid Society.

The study of these agencies is con-

Miss Adams and Miss Campion are associate directors of the Kitchener-Waterloo Hospital School of Nursing, Kitchener, Ont.

tinued in the history of nursing course where the historical aspects and development of these agencies are considered.

Concurrently with nursing and history of nursing, the course in bacteriology is given. Special problems related to the public health department are considered and observation visits to the sewage disposal plant, the meat-packing plant, and the dairy are made.

Later in the nursing course the various age groups are studied and the community facilities for meeting these special needs. One class was divided into five groups who studied the child from one to three years, from three to five years, the adolescent, the adult, and the aged. In addition to a review of the literature, visits were made to the infant welfare clinic, the nursery school, and homes for the aged. Each group selected its own method of presenting the project to the entire class. Panel discussions and dramatic sketches with attractive bulletin boards and original posters are the preferred methods of presentation.

The college course in sociology extends throughout the first year so that concurrently the students are making special individual studies of selected community problems. Included have been such topics as juvenile delinquency, public health in the community, racial prejudice, youth and its organizations, special population groups such as the Amish Mennonites, Hutterites and the American Indian, rural health and housing.

Thus, during their first year in the school, the students are given an understanding of the community resources and an appreciation of its health problems.

INTERMEDIATE YEAR

Continuing emphasis on the community aspect of nursing is made during the intermediate year by the use of special speakers and films. Included have been talks and films on the venereal disease control program, the program for crippled children, the organization and services of the public health department in this community, and drug addiction.

Also, in this year, a limited but helpful community experience is provided through one day spent by each student with the Victorian Order of Nurses and one day with a public health nurse. Home visits are made, visits to prenatal and infant welfare clinics, and a visit with the nurse in a school, so that the patient is seen in relation to the family and the community.

SENIOR YEAR

In the senior year students are studying special problems of the handicapped individual, including the blind, the hard-of-hearing, and the alcoholic. These are group projects and visits will be made to special agencies such as Alcoholics Anonymous, the Canadian Institute for the Blind, special schools and classes for the blind and hard-of-hearing. They will also investigate aids for these handicapped groups. These projects will be presented to both the senior and intermediate students.

It is our plan to study other handicapped groups in a similar manner next year. Thus, by alternating the groups studied and presenting them to both senior and intermediate groups, a broader understanding of the problems of the handicapped groups will be obtained.

Through such learning experiences, the student is prepared to give much more intelligent health teaching to the patient and to assist him in planning to meet his special health and social needs at home and so help prevent recurrences of his illness.

EVALUATION OF THE PROGRAM

It has been an interesting and stimulating experience to experiment with the various methods of teaching and to select and try out new learning experiences for the students. It is our hope that the program will not become static but will remain flexible and continue to permit the students to select problems and experience of special interest to them, so that they may be stimulated to creative thinking in solving problems.

This is a very time-consuming program. Considerable time must be allowed the students so that they may formulate their own ideas and use their imagination and initiative in planning and preparing their projects. Much time is also needed to orient the teaching group to these newer methods of teaching.

Such a program necessitates a teaching staff capable of considerable adjustment to varying situations, able and willing to work cooperatively with student groups and to guide and counsel, but not dominate them, in their various projects. This close contact with the student gives the instructor more insight into the student's individual needs and potentialities and thus she is better able to assist the student in her development.

Not only do the students become interested in and learn of the community resources available for the continuing care of the patients but we believe that, as the community agencies become aware of this interest, greater cooperation will follow which should result in improved care for the patient.

Sudbury's New Nurses' Residence

The new St. Elizabeth residence and school of nursing, in connection with St. Joseph's Hospital, Sudbury, Ontario, was officially blessed and dedicated in September, 1951, by His Excellency, Bishop H. Dignan, of Sault Ste. Marie Diocese. The building commands a magnificent view of the city and suburbs. The exterior walls are of a double tile construction with yellow brick facing. White stone frames the entrance in quiet dignity. The bronze school crest is placed over the oak doors of the main entrance with the inscription, *Caritas Christi Urget Nos* — the "Charity of Christ urges us on."

The lobby is faced with green Italian travertine marble. The floor is terrazzo with an inlaid motif. An information station is conveniently situated here. Reception rooms, adjacent to the lobby, are equipped with amenities which include radio, record player, attractive furniture in Empire Loyalist design in grey and tan with matching tones in the drapes. Adding to the homelike atmosphere is a beautiful marble fireplace.

The classrooms are the latest in design with glass block to assist in day-lighting the rooms. Also on the main floor are the administrative offices, library, cloakroom, kitchenette; diet, science, and nursing arts laboratories.

Above the main floor are the six floors given over exclusively to 120 private rooms for the student and graduate nurses. Each floor contains a solarium with glare glass, clothes chute, incinerator, and a complete vacuum cleaning system. All these floors are connected by elevator to a sun-deck on the roof. This sun-deck is protected by a guard rail. A canopy is to be added later. Each room contains a dresser, desk, study lamp, bedlight, and easy chair, a bed with inner spring, running water, and an intercommunication system of the Electro-Vox type. In case of emergency any nurse may be notified within a few seconds as this system will connect every room with the main office of the hospital. Furnishings are of a silver mist and natural maple-colored metal against a background of either peach, blue, green or yellow pastel tones.

Each solarium is furnished in modern style. The furnishings are in tan leatherette and the wood carries a natural finish throughout, with red quarry tile floors. There is a commodious bathroom on each floor, with walls finished in tile. Showers and baths are included.

A combined gymnasium and auditorium will provide recreation for the student nurses. This hall will seat approximately 400 people. Here students may enjoy table tennis, badminton, basketball, volley ball and dancing. A beautifully appointed stage will add to the community life. Facilities for graduate nurses will include, lockers, lounge, and kitchenette. Included in the building are sewing rooms, assorting room, maids' rest room, mimeograph

The magazine racks in the library provide excellent display facilities with adequate space beneath for safe, dustless storage of earlier issues.

room, storage room, kitchenette and rumpus room, and a future beauty parlor.

For use in inclement weather a tunnel will connect the nurses' quarters with the hospital proper. Throughout the building every care has been taken in details of lay-out and color scheme to make this residence a delightful home for the nurses who serve at St. Joseph's Hospital.

The school of nursing in connection with St. Joseph's Hospital, which is owned by the Grey Nuns of the Cross, was established in 1911. Since it was opened, 428 nurses have graduated.

The Block System, carried on throughout the three years, enables the students to concentrate on their nursing work without interruption by classroom lectures and when in the classroom they can devote all their time to study.

Scholarships are awarded to members of the graduating class to assist in post-graduate study and a bursary of $100 is available to any needy undergraduate who needs financial aid to complete her studies.

SISTER ST. PHILIP
Superintendent of Nurses

Back Issues Available

Any school of nursing or hospital that is interested in securing old issues of *The Canadian Nurse* to complete its library is invited to write immediately to *Miss Helen McArthur, Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St. E., Toronto 5, Ontario.*

The following complete sets are available: 1936, 1940, 1941, 1942, 1944, 1946, 1947, 1948.

Incomplete sets, with one or two issues missing, are available for 1937, 1938, 1939, 1943, 1945, 1949.

First come, first served! Do not delay!

White Porcelain may be whitened by dipping half a lemon into borax and rubbing surface well. Good for any articles, from dingy bathtubs and sinks to small statuettes and ornaments.

Public Health Nursing

The Nurse's Responsibility in School Health Services

Urban Aspects

LILLIAN G. MACKENZIE, B.A.

EMPHASIS ON THE functions of the public health nurses has been shifting in the past few years. Not so long ago, their duties were confined largely to testing vision, weighing, and measuring pupils, making classroom inspections notably for communicable diseases, and administering first aid. Today the public health nurse is vitally concerned with the improvement of the general school health program and takes her place beside the principal and teachers in their efforts to develop a health plan that educates as well as serves.

Because the school is an integral part of the community, the public health nurse's duties embrace the home as well as the school. She becomes a family nurse serving the family whether its members be in the home or in the school. The result is that she has a better knowledge of the individual child, knows more about the family and the district than the teacher. She can make that knowledge available for use by the school authorities.

Much of the public health nurses' work is in helping the family to ensure that the children are in good health when they enter school. This program starts with the newborn baby and is continuous, resulting in protection through immunization and vaccination against communicable diseases, advice regarding nutrition, emphasis on regular visits to the physician for health guidance, correction of remedial defects, dental care, reinforcing doses of toxoid. All these aids and protective devices are vitally important because, whereas there is a law compelling a child to enter school at a certain age, unfortunately there is no law that states a child must be in a condition to be taught.[1]

To be in a condition to be taught not only implies good physical health but also sound social and emotional development. To foster this development present-day interest is centred on the "whole child." This has resulted in a changing philosophy on the part of both the school and the health department. The present trend is away from the idea of "doing for" to "guidance of" pupils so that they will develop a responsibility for their own health according to their abilities. The achievement of this result implies teamwork on the part of the school administrator, the teacher, the doctor, the nurse, the parent, the child, and many community groups.

The school nurses in Winnipeg have not only been recognized as important team members but have also been asked to share in the in-service program of training teachers for their responsibilities in school health work.

Miss MacKenzie is director of Public Health Nursing, City Health Department, Winnipeg.

[1] The Baillie-Creelman report, page 28, suggests greater use be made of the family doctor for routine physical examinations of school children. Is it not the practice of most public health agencies to encourage regular medical examinations by family doctors from early infancy to old age?

It has been possible to arrange a schedule for Winnipeg school nurses which permits approximately two or three morning visits a week to each school. This enables nurses to contact teachers fairly frequently regarding individual pupil needs.

However, it was felt that greater interest in observing pupils would be fostered if a program of "planned teacher conferences," as suggested on page 29 of the Baillie-Creelman Report, were held. In the past few years, such a program has been inaugurated. Planned conferences are being held three times a year. As a result of the public health nurses' guidance, the teachers in the elementary grades are not only testing vision, and weighing and measuring the pupils in their classroom, but are also much more conscious of the individual child's needs. They notice the boy who tires easily or the girl who appears to be losing weight. They observe those who have difficulty in seeing or hearing. They are concerned about the pupil who seems continually depressed or unhappy or the one who is overly docile or quiet. Because they have participated in this program and understand the significance of deviations from normal health, they are interested in seeing that something is done. The nurse and teacher usually plan together for any necessary action. This might necessitate a more suitable placement in the classroom, a home visit by the nurse, or arranging for a school medical examination. This practice is in accord with the system on page 27 of the Report.

Besides helping the teacher in her observations and recordings on the cumulative record, the nurse also takes advantage of this opportunity to point out ways in which the teacher can make use of her findings in her health education program. She also suggests suitable pamphlets, posters, and films that could be used to supplement her health lessons.

As a health counsellor the nurse's responsibility does not end with the teacher. It continues in her contacts with both students and parents. Many opportunities present themselves in school for the nurse to discuss the pupil's health with him. These occasions may occur while the nurse is conducting her classroom inspections or when the child is sent to the health service room because of illness, a slight accident, or for readmission after illness. In any contact the nurse might have, she realizes her responsibility for teaching and tries to solicit the child's interest in his own health. For example, if she is talking to a pupil with a visual defect, she explains how the defect was found, what can be expected from correction, and what might happen if correction is not secured.

This same method of counselling may take place when the parent comes to school to attend the medical examination of her child or to discuss a health problem with the nurse. It may occur during the nurse's visit to the home when the child has been absent from school due to illness or when it is the nurse's duty to gather information from the parent that might throw some light on the child's behavior difficulties.[2]

In her responsibility as health counsellor the nurse must not only be able to impart accurate information concerning the health problem but must also be familiar with all the resources in the community that might be utilized to reinforce her efforts to remedy the abnormal conditions. Because the effectiveness of our school health program depends on the adequacy of community facilities for providing needed medical and dental care and the cooperative action of the pupils, parents, teachers and community groups, the school nurses in Winnipeg have a responsibility in keeping accurate records identifying each health need, showing how it was met and, if not, the reason why.

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[2] The Baillie-Creelman report, page 30, states "a recent study made in the United States showed that 68.2 per cent of nursing time was spent in school services, including travel, conferences, home visiting, and in the school." Since most public health agencies today are carrying out a family health service and since counselling is one of the nurse's chief functions, is it not probable that a home visit to a school child would include service to other members of the family?

Providing for various health needs of school children is a cooperative effort. No one individual or group can do the entire job itself. The public health nurse, however, is possibly the best person to coordinate the efforts of the whole group. Since her entry into the Winnipeg schools she has contributed a great deal to the development of the school health program. She has assisted the principal in such matters as maintaining a healthful environment; in interpreting and carrying out accident and sudden illness procedures, and in finding handicapped children needing special consideration. She has been a friend to pupils in meeting their health problems and caring for them during an accident or sudden illness. She has acted as consultant to the teacher in the matter of health instruction and has supplied her with up-to-date scientific knowledge on request. She has been a source of health information to the parents, as she interprets the findings of the school medical and dental examinations and the daily observations made by the teacher in the classroom. She helps the parents understand their responsibility in reporting absenteeism and in securing necessary care in the correction of physical defects. The effectiveness of the school nurse's program depends largely on the fine working relationships between the nurse and the home, the nurse and the principal, the nurse and the teacher.

Nursing Sisters' Association

In January the annual meeting of the *Victoria Unit* took place at the home of Mrs. J. Thomas when 32 members were present. M. Hodge took the chair while Mrs. B. Smith, the membership convener, presented the following slate of officers: President, Mrs. C. H. Rennie; vice-presidents, Mrs. R. Crowe, M. Hearn; secretary, J. Ciceri; treasurer, Mrs. H. Ashmore. Additional officers include: M. Moores, J. Harris, M. Hearn, M. Fletcher, Mmes B. Smith, D. Smythe, D. Smart, K. Davenport, J. C. Newstead, E. Stellbarn, M. O'Leary, J. Gagnon.

A vote of thanks was given to the past president, Mrs. Davenport, and her executive for their fine work during the past year. Following the meeting, the members enjoyed a social evening convened by Mrs. H. Rennie and her committee.

Staff Education Institute

The School of Nursing, Dalhousie University, Halifax, is sponsoring a three-day institute on Staff Education, March 18-20, 1952. Miss Esther Robertson, assistant superintendent and educational director of the Victorian Order of Nurses for Canada, will conduct the institute which will be held in the new Arts and Administration Building of the university.

Since the fundamental principles underlying staff education are applicable in every field of nursing activity, it is hoped that there will be a wide representation of hospital, public health, and private nurses among the registrants. Prof. A. S. Mowat of the university's Department of Education will be guest speaker at one session. A modest registration fee of one dollar will be charged for the whole institute.

M.L.I.C. Nursing Service

Brigitte Beaudet (Notre Dame Hospital, Montreal, and University of Montreal public health course) has resigned from the Metropolitan Life Insurance Co. Nursing Service. She was attached to the Montreal staff. *Emilienne Dion* (Hospital of Infant Jesus, Quebec, and U. of M. p.h.n. course) was transferred to Montreal from St. Jerome, Que., with the closing of the nursing service in that centre. *Beatrice Roy* (Hotel-Dieu, Montreal, and U. of M. p.h.n. course) has retired from the company's service.

Aux Infirmières Canadiennes-Françaises

Enfance et Hygiène Mentale

D'APRÈS LES DONNÉES NOUVELLES de la santé mentale "tous les enfants semblent être sensibles à la carence des soins maternels, dont certains effets apparaissent dès les premières semaines de la vie."

On désigne sous le nom de "carence de soins maternels" une situation dans laquelle l'enfant ne jouit pas de ce lien effectif. Ce terme peut désigner une série de situations différentes. Ainsi, l'enfant est dit "carencé," même s'il vit dans sa famille, si sa mère (ou la personne faisant fonction de mère) s'avère incapable de l'entourer des soins affectueux dont ont besoin les jeunes enfants. L'enfant est également considéré comme carencé si, quelle qu'en soit la raison, il se trouve séparé de sa mère. Les conséquences de cette carence seront relativement bénignes s'il est soigné par quelqu'un dont il a déjà l'habitude et en qui il a confiance; elles risquent d'être considérables si la mère nourricière, même affectueuse, est une étrangère. Toutes ces conditions sont néanmoins susceptibles d'offrir à l'enfant certaines satisfactions et représentent donc seulement des exemples de carence partielle. Ils contrastent avec la privation presque complète que l'on peut encore constater aujourd'hui *dans les institutions, pouponnières et hôpitaux où souvent il n'existe aucune personne déterminée, chargée de s'occuper individuellement de chaque enfant et susceptible de faire naître chez lui un sentiment de sécurité.*[2]

S'il est prouvé que la carence maternelle au cours des premières années a un effet néfaste sur le développement de la personnalité, il faut intervenir.

Par quels moyens éviter cette carence et permettre un développement mental normal?

Le nourrisson et le jeune enfant doivent être élevés dans une ambiance chaleureuse et être unis à leur mère (ou à la personne qui la remplace) par un lien affectif intime et constant, source pour tous deux de satisfaction et de joie. L'enfant a besoin de sentir qu'il est objet de plaisir et de fierté pour sa mère et celle-ci a besoin de sentir un enrichissement de sa personnalité à travers celle de son enfant; l'un et l'autre ont besoin de se sentir entièrement identifiée. Le rôle de la mère ne peut en aucune façon être tenu par procuration, etc.[2]

Une des interventions des plus préconisées pour atteindre ce but consiste à installer le nouveau-né dans la chambre de l'accouchée.[1] Cette mesure est le résultat du désir commun du pédiatre, de l'accoucheur, et des infirmières d'offrir aux mamans intéressées un mode plus simple de soins au nouveau-né et de rendre plus intime les relations entre la mère et l'enfant. Tandis que beaucoup de cliniques sont favorables à cette idée mais ne l'adoptent pas par crainte des charges supplémentaires qu'elle occasionne, telles que: transformation des locaux, accroissement du personnel infirmier, concours d'un psychiatre. L'auteur montre qu'on peut obtenir un plein succès de la réunion du nouveau-né à sa mère sans grands frais.

Les bases psychologiques du système sont les suivantes:

1. Dès le début des liens plus étroits s'établissent entre la mère et l'enfant.
2. L'horaire de l'allaitement et du sommeil est adaptable aux besoins individuels du nourrisson.
3. La primipare reçoit d'excellentes démonstrations pratiques de puériculture par l'infirmière qui soigne le bébé, de sorte qu'elle quitte la clinique avec confiance en ses capacités.

4. L'allaitement maternel est encouragé. En outre le fait de placer l'enfant dans la chambre de sa mère contribue éminemment au contrôle de l'infection néonatale.

Des infirmières supplémentaires ne sont pas nécessaires si les infirmières présentes se chargent d'enseigner et de démontrer et font preuve de suffisamment d'initiative et d'intelligence. Le besoin d'un renfort, dont le rôle principal est de surveiller et d'encourager les mères, dépend grandement du caractère et de l'adaptabilité du personnel régulier. Ainsi il est nécessaire de deshabituer les infirmières de toujours considérer les pleurs de l'enfant comme des manifestations de colère ou de regarder le bébé comme propriété de la pouponnière ou la mère comme une créature peu intelligente que l'on doit laisser dans l'ignorance jusqu'à sa sortie de l'hôpital. Ce changement d'attitude peut certes être difficile mais avec de la bonne volonté il se réalise progressivement. Plusieurs infirmières qui étaient au début adversaire du système en sont maintenant les apôtres enthousiastes.

Dans l'intérêt de la mère, l'accoucheur doit discuter avec elle le programme du partage de la chambre par le nouveau-né et la mère déjà pendant la grossesse. Eventuellement une infirmière qualifiée peut remplir ce rôle. Evidemment la mère doit se décider librement. Comme le soin du bébé, dès qu'il partage sa chambre revient presqu'entièrement à la mère, on la laisse encore seule pendant les trois ou quatre jours post-partum, afin qu'elle puisse se rétablir. Pour un séjour à l'hôpital de dix jours en moyenne, la semaine qui reste suffit complètement à la réalisation des avantages de la réunion du nouveau-né et de sa mère. L'accouchée est à ce moment le plus souvent redevenue ambulante, ce qui est important pour son rétablissement et aussi pour la clinique, car la réunion du nouveau-né avec des mères alitées est évidemment plus coûteux. Le plus souvent aux quatrième et cinquième jour l'enfant demande à boire de 12 à 15 fois, cependant ceci se modifie dans l'espace d'une semaine. Le nombre d'enfants semble très grand qui se fixent de préférence à un intervalle de trois heures entre les tétés, de sorte qu'on se demande si l'espace habituel de quatre mures dans les pays anglo-saxons est justifié.

Presque toutes les mères qui ont choisi le système de la réunion avec le nouveau-né en sont enthousiastes. Elles le trouvent plus humain que le système de séparation pour autant qu'elles aient déjà accouché en clinique auparavant, ce qui n'est pas étonnant puisque le nouveau système correspond aux conditions naturelles.,[1]

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2 Bowlby, J. Soins Maternels et Santé Mentale.

In Memoriam

Catherine (Seeley) Alexander, who graduated from the Vancouver General Hospital in 1908, died in October, 1951.

* * *

Catherine Margaret (Hare) Barbour, R.R.C., who graduated from the Waltham (Mass.) School of Nursing, died in Montreal on November 26, 1951. Mrs. Barbour practised her profession in the United States until the commencement of World War I when she returned to her native Saint John and enlisted with the C.A.M.C. She sailed with the first contingent and was soon sent to France with No. 2 Canadian Stationary Hospital. In 1916 she became matron of No. 3 C.C.C.S. and received the Royal Red Cross for meritorious service.

Married in 1917, Mrs. Barbour continued to take an active interest in community health organizations throughout her life. For

some years she was president of the Saint John Unit of the Nursing Sisters' Association, later being the honorary president.

* * *

Charlotte E. Bellhouse, who graduated from the Royal Alexandra Hospital, Edmonton, in 1925, died in Vancouver on December 27, 1951, at the age of 49. She had been ill for six months.

* * *

Gladys (Cherry) Bull, who graduated from the Vancouver General Hospital in 1920, died in September, 1951.

* * *

Margaret Chalmers, who graduated from the St. Catharines General Hospital in 1929, died in Sutton West, Ont., on December 29, 1951. Miss Chalmers had worked in the United States for some time.

* * *

Mary Agnes Copeland, formerly of Belleville, Ont., who graduated from St. Mary's Hospital, Brooklyn, died in Toronto on January 3, 1952. Miss Copeland was a director of nursing in the United States for many years.

* * *

Mary Elizabeth Fletcher, who graduated from the Toronto General Hospital in 1908, died on December 16, 1951, after being in failing health for the past two years. Miss Fletcher joined the C.A.M.C. in World War I and went overseas with No. 4 Base Hospital Unit from Toronto. She saw active service on many fronts. Following the war, she was employed with the S.C.R. She retired some years ago.

* * *

Ruth Franklin, who graduated from the Vancouver General Hospital in 1921, died in September 1951. Miss Franklin had been on the staff of the Victorian Order of Nurses for many years prior to her final illness.

* * *

Lorinda MacAulay, a native of Nova Scotia, who graduated from the Boston City Hospital in 1914, died suddenly in December, 1951. Miss MacAulay served with the C.A.M.C. in England and France during World War I. At the time of her death she was in charge of the Red Cross Outpost Hospital at Tatamagouche, N.S.

* * *

Jennie Bell MacKay, a native of Nova Scotia, who entered training at the Massachusetts Homeopathic Hospital over 66 years ago, died in Charlottetown, P.E.I., on January 12, 1952, after an illness of some months, in her 96th year. Miss MacKay had continued to care for the sick and afflicted until her final illness. For many years she had had the distinction of being the oldest active nurse on this continent.

* * *

Rachel (Benson) McCall, who graduated from the St. Catharines General Hospital in 1887, died in Toronto in December, 1951, at the age of 88. Mrs. McCall had served as superintendent of nurses at the hospital in 1888-89.

* * *

Nettie (McElroy) Moorhouse, who graduated from the Calgary General Hospital in 1907, died suddenly in Calgary on January 2, 1952, at the age of 79.

* * *

Agnes Viau, who graduated from Notre Dame Hospital, Montreal, in 1920, died in January, 1952. Miss Viau had engaged in private nursing.

* * *

Christina (Mowbray) Wood, a graduate of Royal Jubilee Hospital, Victoria, died suddenly in Vancouver on January 6, 1952. For her distinguished services with the C.A.M.C. during World War I, Mrs. Wood was awarded both the A.R.R.C. and the R.R.C. medals. She was on the staff of the Victoria Department of Health for a number of years prior to her marriage.

* * *

Marie (Smith) Young, who graduated from the Vancouver General Hospital in 1918, died in 1951.

Thailand's first international anti-tuberculosis centre will soon be opened in Bangkok under the auspices of the World Health Organization. The new centre is one of several such institutions designed to serve as demonstration training centres for all aspects of tuberculosis control. It will be equipped with an x-ray examination laboratory, modern facilities for tuberculin testing, and BCG vaccination. The activities will also include nursing services and home visiting. Young doctors and nurses from several countries in southeast Asia are expected to be granted WHO fellowships for training at the centre.

The WHO teaching personnel in the centre includes a Swiss specialist in tuberculosis, a British x-ray technician, a Chile epidemiologist, and C. Eriksen (Canada), a public health nurse.

Trends in Nursing

Current Problems

Anyone interested in securing additional information on current social problems would find "Behind the Headlines," a series of pamphlets published by the Canadian Association for Adult Education, both helpful and interesting.

A Prophecy Fulfilled

The I.C.N. bulletin, winter issue, features an article by Miss Ethel Johns entitled "The I.C.N. Responsibility for International Education of Nurses." This paper was presented at the I.C.N. Congress in 1947 and has been included in the present number because of its prophetic quality and because some of the developments in nursing education envisaged by Miss Johns are now being realized.

Through the Looking Glass

Canadian nurses are preparing themselves against the time when they may be needed to give efficient service during atomic warfare. Press reports indicate that civil service defence experts visited many areas during the early part of December. The teaching team consisted of Dr. G. Fryer, Misses E. Pepper, coordinator, M. Walker, E. Robertson, and Mr. P. Bird, physicist. Representative nurses from many parts of the various provinces were privileged to attend these institutes and will accept responsibility for organizing further courses in their own community. In some areas this secondary series has already been started.

Victoria Hospital, Renfrew, is initiating a rehabilitation program. Funds from the Atkinson Charitable Foundation will make this pilot project possible and will be used partially to train selected graduate nurses in the principles of rehabilitation nursing.

Brantford reports three I.O.D.E. bursaries to student nurses; London, the graduation of the first male nurse from the University of Western Ontario School of Nursing; Essondale, B.C., makes an urgent appeal for nurses and reports that they have reduced the period of training for psychiatric nurses to two years.

The Association of Nurses of Prince Edward Island held a three-day refresher course attended by 125 nurses from all over the island. Throughout, the welfare of the whole patient was kept constantly in mind. The association's secretary discussed nursing and the law and explained how nursing service and nursing standards have been improved by organization.

International Summer School for Nurses

The Old Internationals' Association is sponsoring a summer school on "Human Relationships in International Nursing Affairs" which will be held in Bedford College for Women, University of London, July 10-19, 1952. The topic will be studied both from a philosophical and practical point of view. For further details, write to the *Secretary, Old Internationals' Association, Summer School Sub-Committee, Miss E. M. Crothers, 1 Crosswell Cottages, Mayford, Woking, Surrey, England.—Information Bulletin for Red Cross Nurses*, July-Sept. 1951.

Training on the Job

Welfare, Nov. 1, 1951 number, reports that the Personnel Committee of the Canadian Welfare Council is preparing a series of pamphlets on the subject of staff development. No. 1, A Program of Staff Development, outlines principles and methods. No. 2 and 3, Staff Meetings and Orientation, are in process of preparation. In each case the material is being submitted to consultants to ensure that it is applicable to different types of agencies. Through this undertaking, the Personnel Committee hopes to provide a series of pamphlets which will interpret this part of agency administration to board members, budgetary officials and others, and which will provide practical suggestions to staff members.

Staff development is vital to good service. It involves an expenditure of time, money, and leadership. The Personnel Committee feels that such expenditure is essential. Its pamphlets are designed to provide assistance to those who wish to ensure that staff education programs pay dividends.

Government Support for Nurse Education

The Ontario Hospital Association at a meeting held in October, 1951, passed a resolution concerning nurse education which requests the Ontario government to take whatever legislative action is necessary to make available through an educational training program such funds as may be required to provide hospitals, which operate approved training schools, with an amount of not less than $200 per year for each student, such allowance to be paid for all students enrolled as of January, 1952.—*The Canadian Hospital*, Dec. 51.

The 24-Month Curriculum

At the Ontario Hospital Association meeting, Miss Gladys Sharpe reported on the 24-month curriculum for student nurses at Western Hospital, Toronto. She reviewed the program and explained that it was initiated in the hope that it would help to meet the ever-increasing demand for nursing service. Much thought has been given to ways and means of educating the student and giving service to the patient. She concluded by saying that "although it was not easy to break away from conventional ideas of nurse training, at the halfway mark the most difficult stage of the transition has been made."—*The Canadian Hospital*, Dec. 51.

Training Administrators

Western Reserve University has announced receipt by its Frances Payne Bolton School of Nursing of a grant of $89,615 from the W. K. Kellogg Foundation for the training of hospital nursing service administrators. The Foundation is backing a million dollar program in which 14 universities are participating. The plan is threefold:

> (1) Development of a program of instruction for nurses whc wish to qualify for administrative posts; (2) provision of workshops, institutes, and conferences to assist those concerned with nursing service problems; (3) creation of a centre for the study of nursing administration problems and for consultation service to hospitals. — *Davis Nursing Survey*, Dec. 1951.

Student Handbooks

Hospital Progress, Dec. 1951, issue, carries a critical analysis of "Student Handbooks" in Catholic Schools of Nursing in the U.S. The writer states that—

> It is a basic principle of the Catholic philosophy of education that we strive to develop self-discipline; we can be most helpful to the student by offering her positive motives which will stimulate this development. While a certain amount of regulation is absolutely essential . . . school of nursing handbooks give the impression that we have tended to stress negative motivation . . . particularly in regard to the student's personal life and her activities in the nurses' residence. Statements are frequently found that are in conflict with the philosophy and aims of the school as stated in the bulletin.

A perusal of this article leaves one with the impression that, after reading it, nursing administrators in most schools of nursing will reach for a copy of their school handbook with some apprehension. Briefly, the author suggests that, as a result of her review of current handbooks, emphasis should be placed on evaluation of handbooks in relation to:

> (1) Their purpose; (2) periodic evaluation; (3) organization of content; (4)

manner of presentation; (5) students' participation in preparation and use of book; (6) reflection of philosophy and aims of the school both in content and manner of presentation.

The N.Y. Academy of Medicine Speaks

The December issue of *The Modern Hospital* carries some suggestions made by the Committee on Public Health Relations of the New York Academy of Medicine for relieving the nursing shortage in New York State:

> It is the opinion of the New York Academy of Medicine that steps should be initiated by the New York State Department of Education, with the aid of local bodies, to plan a legislative and administrative program for early action. The following are some of the points submitted for consideration in such a program: (1) Reduce the age by which a young woman may practise legally from 20 to 18; (2) permit nurses not licensed in the state to serve on hospital staffs under supervision; (3) continue the training of practical nurses and vigorously oppose any attempt to abolish such training; (4) the Academy is opposed to the proposal that all candidates for nurse training should be high school graduates (apparently directed at practical nurses); (5) complete all instruction in first two years of training, the third year to be considered an internship on a salary basis; (6) alert all hospitals to the possibility that a two-year course may supersede present course; (7) stimulate nurse recruitment. The Committee closed the article with a plea for action. The time for leisurely discussion is past. Those responsible for administrative changes in nursing education should make necessary preparations to act without delay in this emergency.

Orientation et Tendances en Nursing

PROBLÈMES ACTUELS

Quiconque serait intéressé à se renseigner davantage sur les problèmes sociaux actuels pourrait obtenir des renseignements à la fois utiles et intéressants, en se procurant la série de brochures publiées par l'Association Canadienne pour l'Education des Adultes, intitulées "Behind the Headlines."

UNE PROPHÉTIE RÉALISÉE

Le bulletin du Conseil International des Infirmières publie dans son numéro de l'hiver une conférence de Mlle Ethel Johns intitulée "Les Responsabilités du C.I.I. dans l'Education des Infirmières." Ce travail fut présenté lors du congrès international de 1947. La vision de Mlle Johns lui a permis de voir, à cette époque, des développements dans l'éducation des infirmières qui se réalisent actuellement. C'est à cause du caractère prophétique de ce travail que le bulletin le publie.

COUP D'OEIL ICI ET LÀ

Les infirmières canadiennes se préparent, en cas de guerre atomique, à donner des soins efficaces en suivant une série de cours préparée spécialement pour elles à cette fin. Les journaux nous rapportent qu'une équippe d'experts en défense civile a visité plusieurs régions du pays. Le cours en français fut donné par Mlles C. Beaulac, C. Tardif, M. Cantin, S. Giroux, et par le Dr O. Dufresne, physicien, et le Dr R. Lamquin. Des infirmières des différentes provinces eurent l'avantage d'assister à ces cours et elles ont accepté d'organiser d'autres cours dans leur localité.

A Renfrew, Ont., le Victoria Hospital établit un programme de réhabilitation. Les subsides pour conduire ce projet à bonne fin proviennent de l'Atkinson Charitable Foundation. L'une des premières activités a été de faire qualifier des infirmières dans les principes de la réhabilitation. De Brantford, Ont., l'on rapporte que trois bourses ont été accordées par l'I.O.D.E. à des étudiantes infirmières. A London, Ont., pour la première fois à l'école des infirmières de l'Université Western Ontario un homme a été diplômé de cette école.

En Colombie-Britannique à Essondale, l'hôpital psychiatrique fait un appel aux candidates infirmières. Le cours donné à cet hôpital est de deux ans. L'Association des Infirmières de l'Ile du Prince-Edouard a organisé trois journées d'études. Le bien-être du malade considéré dans son ensemble physique, psychique, milieu familial et communautaire, fut l'objet de cette étude. La secrétaire de l'association parla de l'infirmière et de la loi et expliqua comment l'organisation avait contribué à élever le niveau de la profession d'infirmière et à améliorer la qualité des soins aux malades.

UN COURS D'ÉTÉ POUR LES INFIRMIÈRES

Un cours sur "Les Relations Humaines dans le Nursing International" sera donné au Bedford College for Women de l'Université de Londres, Angleterre, du 10 au 19 juillet. — *Information Bulletin for Red Cross Nurses*, juillet-septembre, 1951.

LA FORMATION AU TRAVAIL

Dans *Welfare* du 1er novembre 1951, l'on rapporte que le Comité du Personnel du Conseil Canadien au Bien-Etre Social est à préparer une série de bulletins sur l'éducation du personnel. Bulletin No 1, Principe et Méthode favorisant le progrès du personnel; Les Nos 2 et 3, Assemblées et Orientation. Ces bulletins sont préparés dans le but de renseigner les directeurs et les autres personnes intéressées sur cette partie si importante de l'administration — l'éducation du personnel. Comme cette éducation du personnel ne peut se faire sans dépenses, ces bulletins sont préparés afin de démontrer à ceux qui ont besoin d'être convaincus que l'éducation du personnel rapporte des dividendes.

L'AIDE DU GOUVERNEMENT DEMANDÉE POUR LES ECOLES D'INFIRMIÈRES

L'Association des Hôpitaux de l'Ontario, lors de son assemblée d'octobre 1951, adopta une résolution demandant au gouvernement de cette province de prendre les mesures législatives nécessaires pour qu'un fond d'éducation soit créé et mis à la disposition des hôpitaux administrant des écoles d'infirmières approuvées; qu'une somme de $200 par élève soit versée annuellement pour toutes les étudiantes inscrites et ce, à partir du 1er janvier 1952. — *The Canadian Hospital*, déc. 1951.

UN PROGRAMME D'ETUDE DE 24 MOIS

Lors de la réunion de l'Association des Hôpitaux de l'Ontario, Mlle Gladys Sharpe présenta un rapport sur le programme d'étude de 24 mois donné actuellement à l'école d'infirmières du Western Hospital, Toronto. Elle détailla le programme et expliqua qu'il fut organisé dans le but d'apporter une solution à la pénurie actuelle d'infirmières. Elle conclua en disant "qu'il n'est pas facile de changer les traditions dans les méthodes de formation des infirmières." Néanmoins elle croit que la période de transition la plus difficile est passée. — *The Canadian Hospital*, déc. 1951.

ADMINISTRATION ET INFIRMIÈRE

La W. K. Kellogg Foundation vient de donner un octroi de $89,615 à la Western Reserve University dans le but de former des administrateurs du service du nursing dans les hôpitaux. La Fondation soutiendra un programme dont le coût total sera d'un million de dollars et auquel 14 universités participeront. Le plan se divise en trois parties: (1) un programme d'étude pour les infirmières désirant se qualifier pour les postes administratifs; (2) des mesures sont prises pour que des journées d'étude des conférences, etc., soient données aux personnes intéressées aux problèmes du nursing; (3) création d'un centre pour l'étude des problèmes administratifs du nursing et d'un service de consultation pour les hôpitaux. — *Davis Nursing Survey*, déc. 1951.

PROSPECTUS DANS LES ECOLES D'INFIRMIÈRES

Hospital Progress de décembre publie une analyse et une critique des prospectus ou guide de l'étudiante dans les écoles catholiques d'infirmières. Un principe fondamental de la philosophie catholique est de se soumettre volontairement à certaines disciplines ou règles. En suggérant à l'élève des motifs positifs nous l'aidons dans son développement spirituel. Il doit exister un règlement dans les écoles d'infirmières. C'est incontestable mais si l'on consulte les guides des élèves l'on constate qu'il y a trop de défense concernant la vie personnelle de l'étudiante et les activités des élèves dans leur résidence. Souvent l'on trouve des énoncés qui sont en contradiction avec la philosophie et les buts de l'école tel que donnés dans le bulletin.

Après avoir lu cet article, les directeurs des écoles d'infirmières vont sans doute relire leur prospectus avec appréhension. Voici quelques suggestions faites par l'auteur. L'on devrait appuyer sur les points suivants lorsqu'un guide à l'usage des étudiantes est

Biennial Convention

CANADIAN NURSES' ASSOCIATION

FOR BETTER SERVICE—TODAY AND TOMORROW

POUR MIEUX SERVIR—AUJOURD'HUI ET DEMAIN

PRE- AND POST-CONVENTION MEETINGS

Executive Meetings:

Sunday, June 1

9:15 a.m. to 12:30 p.m. — Jacques Cartier Room, Chateau Frontenac.

Saturday, June 7

9:00 a.m. to 12:00 noon — Jacques Cartier Room, Chateau Frontenac.
2:00 p.m. to 5:00 p.m. — Jacques Cartier Room, Chateau Frontenac.

Church Services:

Sunday, June 1

Catholic — Mass and Pilgrimage to Ste. Anne de Beaupré — 8:30 a.m.
Protestant — Service at Anglican Cathedral, Quebec City — 7:00 p.m.

Sunday Evening — June 1

Soirée de Folklore — Laval University — 8:45 p.m.

PROGRAM

Ballroom and Riverview Dining Room, Chateau Frontenac

Monday, June 2

Presiding — Miss Helen G. McArthur, President, Canadian Nurses' Association.
Opening Ceremonies — 9:00 a.m.
Address of Welcome — Greetings — Response to Address of Welcome, etc.
Roll Call of Federated Associations
Announcements
Introduction of Representatives, Commercial Exhibits — Mrs. A. N. Clerk
Presidential Address — Miss Helen G. McArthur, President

Biennial Reports:

Arrangements Committee — Miss Fernande Verret
Program Committee — Miss Helen G. McArthur
General Secretary — Miss Gertrude M. Hall
Treasurer — Miss Gertrude M. Hall
Finance Committee — Miss Gladys Sharpe
Editor and Business Manager, *The Canadian Nurse* — Miss Margaret E. Kerr
Editorial Board, *The Canadian Nurse* — Miss Mary Mathewson
Code of Ethics — Miss Elizabeth Logan
Meeting of Voting Delegates — 11:45 a.m. — Ballroom
Adjourn to View Exhibits — 12:00 noon — Chateau Frontenac: Foyer to ballroom; Committee Room; Lounge; Terrace Room

Afternoon Session

Special Session for Student Nurses at
Hôtel-Dieu, followed by picnic supper — 2:00 to 5:00 p.m. — Mrs. Marion Botsford

GENERAL SESSION

2:00 p.m.

Biennial Reports:

Constitution, By-laws and Legislation — Miss Trenna G. Hunter
War Memorial — Miss M. E. Kerr
Labor Relations — Miss Ina Broadfoot
Public Relations — Miss C. Livingston
E. Frances Upton Fund — Miss E. M. Stuart
Nominating Committee — Miss Margaret Cogswell
Recess — 2:45 to 3:00 p.m.
The Structure Study of the Canadian Nurses' Association — 3:00 to 5:00 p.m.—Miss Florence H. M. Emory

Evening
Reception:
Guests of The Association of Nurses of the Province of Quebec — 8:00 to 10:00 p.m. — Ballroom, Chateau Frontenac

GENERAL SESSION

Tuesday, June 3

8:45 a.m.

Biennial Reports:

Loan and Bursary — Miss Helene Lamont
Exchange of Nurses — Miss Norena Mackenzie
Health Insurance — Miss Esther Robertson
Student Nurse Activities — Mrs. Marion Botsford
Recess — 9:45 to 10:00 a.m.
The Role of the Nurse in a National Emergency — 10:00 to 11:45 a.m. — Miss Gladys Sharpe and Miss Agnes Macleod
— 11:45 a.m. to 12:00 noon
Address — Mr. Leo Leblanc
Assistant Director of Quebec Hospital Service Association
Adjourn to View Exhibits — 12:00 noon

Afternoon Session

Biennial Reports:

Special Committee to Study Auxiliary Nursing Personnel — 2:00 to 2:30 p.m. — Miss Marjorie Russell
General Interest Session — 2:30 to 3:15 p.m. — Miss Mary E. Macfarland, Chairman, Institutional Nursing
Mrs. Eva Brackenridge, Chairman, Private Nursing
Miss Helen Carpenter, Chairman, Public Health Nursing
Nursing Demonstrations — 3:15 to 5:00 p.m. — Académie de Québec, 20 Chauvin Street, Quebec City

Evening
Nursing Demonstrations — 8:30 to 10:00 p.m. — Académie de Québec, 20 Chauvin Street, Quebec City

Wednesday, June 4

This day left free for shopping, private visits, visits to hospitals, sight-seeing tours, etc.

Sight-Seeing Motor Coach Tours — Tour No. 1 – City of Quebec
Gray Line Tour No. 2 – Island of Orleans
Tour No. 3 – Ste. Anne de Beaupré
Tour No. 4 – Lac Beauport

Agents will be on duty in Chateau Frontenac to make reservations for tours.

Hospitals will be open to visitors from — 2:00 to 4:00 p.m. — List of hospitals will be found in final program

Official Reception for Members of the Executive Committee, Canadian Nurses' Association — Guests of Laval University — 5:00 p.m. — Laval University

Evening
Visit to the Citadel, followed by Social Hour — Guests of District No. 9, The Association of Nurses of the Province of Quebec — 7:00 to 9:00 p.m.

GENERAL SESSION

Thursday, June 5

Biennial Reports:
Educational Policy —
Demonstration School Administration Committee — 8:45 to 12:00 noon
Miss Evelyn Mallory — Miss Agnes Macleod
Recess — 10:00 to 10:15 a.m.
Adjourn to View Exhibits — 12:00 noon

Afternoon Session
Biennial Reports:
Provision of Nursing Care — 2:00 to 3:30 p.m. — Miss N. D. Fidler
Panel —
"For Better Service — Today and Tomorrow" — 3:30 to 5:00 p.m.
Chairman: Miss Nettie D. Fidler
Participants: Members of Research Division, Department of National Health and Welfare, and others

Scrutineers' Report
Adjourn to View Exhibits — 5:00 p.m.

Evening
Installation of Officers preceding Lecture — 8:00 p.m. — Ballroom
Mary Agnes Snively Memorial Lecture — 8:15 p.m.
"National Unity" L'Abbé Arthur Maheux, M.A., D.D., O.B.E.

GENERAL SESSION

Friday, June 6

Biennial Reports:
The Structure Study of the Canadian Nurses' Association — Discussion
— 8:45 to 10:15 a.m.
Recess — 10:15 to 10:30 a.m.
Unfinished Business — 10:30 a.m. to 12:00 noon
Adjourn to View Exhibits — 12:00 noon

Afternoon Session
New Business — 2:00 p.m.
Report of Resolutions Committee — 2:00 p.m.
Adjourn Meeting
Reception at Bois de Coulonge
— Guests of Lieutenant Governor and Mrs. Gaspard Fauteux — 4:30 p.m.

Evening
Dinner —
Nursing Sisters' Association of Canada — 7:00 p.m. — Place to be announced later
followed by a general meeting at 8:30 p.m.

TRANSPORTATION

Rail:

Members should purchase a one-way ticket and at the same time secure a *Standard Plan Certificate*. This certificate and 25 cents are to be presented at the special desk in the Registration Hall, Chateau Frontenac. If 75 such certificates are presented they will be validated for the purchase of the ticket for the return trip at half fare. If less than 75 certificates are presented, regular return fare is required.

Bus:

For Montreal Members. The Provincial Transport Company has an average of seven buses per day from Dorchester St., Montreal, to Quebec City. The return fare is $8.50, reservations to be made directly with the Transport Company.

Tours:

The details of Tours available on Wednesday, June 4, are published on the Social Page of the Program. Members are responsible for making their own bookings.

REGISTRATION

Members:

Registration fee for attendance at all Sessions	$5.00
Registration fee for attendance at one Session	$1.00

Students:

Registration fee for attendance at all Sessions	$2.00
Registration fee for attendance at one Session	$ .50

Registration before Convention:

Please send to the ***National Office, Suite 401, 1411 Crescent Street, Montreal 25,*** a letter containing $5.00 and the following information:

Name
Professional address
Position held at present
Province in which registered
Registration number for 1952.

Procedure:

A receipt will be sent by return mail.

This receipt is to be presented at the Registration Desk bearing the name of the Province in which you are registered, irrespective of where you are working at present.

On presentation of this receipt, the Cashier will issue a badge and envelope containing Program, etc. This badge guarantees admission to any Session of the Convention.

Student Nurses:

Students registering before the Convention will follow the above procedure but enclose only $2.00.

Registration at the Convention:

Mimeographed Forms will be provided in the Registration Hall to be completed with name, etc. These forms will be given to the Cashier at the Booth bearing the name of the Province in which you are registered, irrespective of where you are at present employed. On payment of $5.00 a badge and program will be issued, securing admission to any Session.

Students:

Students registering at the Convention follow the above procedure but pay only $2.00.

Members attending one Session only:

Please pay $1.00 to the Cashier at the desk at the entrance to the Session which you wish to attend. A ticket will be issued which grants admission to that Session only and is not valid for any other.

Students:

Students attending one Session only will follow the above procedure but will pay only 50 cents.

ACCOMMODATION

Hotels and Guest Houses:

The accompanying list is taken from the official brochure sponsored by the Municipal Tourist Board of Quebec City. Only the Hotels and Guest Houses situated within easy walking distance of the Chateau Frontenac have been included.

Members are responsible for reserving their own accommodation:

Reservations must be made without delay to avoid disappointment. This applies especially to the Chateau Frontenac.

Single rooms may be available in a number of Hotels and Guest Houses but for those a special price must be obtained from the Hotel or Guest House desired. Published prices are based on per person rates, when two persons occupy the one room.

Accommodation for Nursing Sisterhoods:

Reverend Sister St. Ferdinand, Director of Nursing, St. Michel Archange Hospital, Mastai, Quebec, is responsible for arrangements of this accommodation. It is requested that members of the Nursing Sisterhoods communicate directly with her.

HOTELS

Published prices are based on per person rates, when two persons occupy the one room

Name	*Address*	*With Bath or Shower*	*Without Bath or Shower*
Chateau Frontenac	1 St-Louis	$6.00	$5.00
Clarendon	57 Ste-Anne	3.50	2.50
Governor's Garden	16 Mont-Carmel	3.00	1.50
St-Louis	31 St-Louis	3.50	
Victoria	56 St-Jean	2.75	2.25
Chateau Laurier	107 Grande-Allée	3.00	

TOURIST HOUSES

Mme Francis Blouin	12 Dauphine		3.00
Mme J. Gagné	39 D'auteuil		3.00
Miss Pearl Keefer	57 D'auteuil		2.25
Mr. J. R. Richard	14 Des Grisons	No price quoted	
Mme H. Jolicoeur	8 Du Parloir	No price quoted	
Mr. Alyne Mignault	8 Laporte	3.00	2.50
Mr. A. Twodoll	12 Laporte	4.00	2.75
Mr. R. Couturo	14 Laporte	No price quoted	
Mr. J. E. Gauthier	16 Laporte		2.00
Mme M. A. Ross	21 Mont-Carmel	2.50	2.50
Chateau Normandie	12½ Ste-Anne	3.00	2.50
Mr. J. T. Ouellet	3 Ste-Genevieve	3.25	
Mr. E. Brochu	9 Ste-Genevieve	No price quoted	
Mr. B. E. Gauthreau	13 Ste-Genevieve	2.50	2.00
Mr. J. A. Morin	15 Ste-Genevieve	3.00	2.00
Mr. W. Corriveau	17 Ste-Genevieve		2.50
Mr. Z. Levesque	21 Ste-Genevieve		2.50
Mme B. J. Gosselin	39 Ste-Genevieve	3.00	2.00
Mme V. Boucher	48 Ste-Genevieve	3.00	2.00
Mme J. A. T. Lambert	38 St-Louis	No price quoted	
Mr. A. Gilbert	44 St-Louis	No price quoted	
Mlle A. M. Fortin	48 St-Louis	No price quoted	

Mr. M. Cote	49½ St-Louis	No price quoted	
Mme A. Gilbert	51 St-Louis	2.50	2.00
Mme V. M. B. Gale	63 St-Louis		2.50
Mr. M. T. Jolicoeur	70 St-Louis	No price quoted	
Mme P. Paradis	71 St-Louis	4.00	2.50
Mr. T. Lamontagne	72 St-Louis	3.00	2.50
Mr. L. Dore	73 St-Louis	3.00	2.50
Mme M. Dombrowski	77 St-Louis	3.00	2.50
Mlle A. M. Fortin	10 Ste-Ursule		3.00
Mme E. L. Collard	18 Ste-Ursule	3.00	2.00
Mlle J. Caron	41 Ste-Ursule	No price quoted	
Mme F. Rochette	43 Ste-Ursule	No price quoted	
Mlle Letourneau	330 Grande-Allée		2.50
Mme J. J. Giroux	346 Grande-Allée	2.50	2.00
Mme V. M. L. Gaudy	108 Grande-Allée	No price quoted	
Mrs. E. Stamos	112 Grande-Allée	3.00	2.00
Mme V. Harton	114 Grande-Allée		2.00
Mr. G. Godin	115 Grande-Allée	2.50	1.50
Mme B. Amyot	118 Grande-Allée		2.50
Mr. L. Blais	120 Grande-Allée	No price quoted	
Mlle B. Deschenes	125 Grande-Allée	3.00	2.00
Mlle B. Deschenes	128 Grande-Allée	2.50	2.00
Mr. M. A. Lemieux	137 Grande-Allée	No price quoted	
Mme L. Boivin	138 Grande-Allée	No price quoted	
Mlle M. Pruneau	159 Grande-Allée		2.50
Mlle J. Lafleur	161 Grande-Allée	No price quoted	

In a Monastery Garden

SUZANNE GIROUX

WHILE LISTENING to this popular musical composition, what do you see? Whatever your imagination fancies, the student nurse delegates to the 26th biennial meeting of the Canadian Nurses' Association will have the unique opportunity to see behind the walls of a monastery garden. The Reverend Mother Superior of the Hotel Dieu of Quebec will open the cloister and the garden to the student nurses, to whom she extends a most cordial invitation. Mother Superior has graciously offered to provide a picnic supper for all the student nurses attending this special session.

Every minute and every step of this visit will be a pleasant lesson in nursing history. For 300 years, at the very same place, the nuns of this order have taken care of the sick during war or peace. In huts, in the underground corridors, as well as in the present spacious hospital, they have carried on their duties.

Even though the Augustines are a cloistered order, they had to adapt their work to the needs of the community. They were once visiting nurses among the Indians and changed their white habit to a more suitable one. The habit of the sisters may seem strange but one must remember that it dates from the 15th century.

At the door of the hospital, you will see the picture of a lovely lady of another era—the Duchess of Aiguillon, the niece of Cardinal Richelieu. It was through her generosity that the Hotel Dieu was founded.

So many interesting facts could be told about the pioneers of nursing in this country, of the first doctors, the drugs used, etc., but, in glancing in the charming book of Pierre Georges Roy, "A Travers l'Histoire de l'Hôtel-Dieu de Québec," I notice that one of the first nuns was a Scot by the name of Mary Irwin. In those troubled years of Scotland, her family had moved to Dieppe in France. From there she came to Canada to join the Sisters of the Hotel Dieu "where she lived very happily till her 61st year."

As Canadians, this page from our history is yours. As future nurses, the honor and joy of carrying further, *Ad mare usque ad mare*, the good work of the pioneers is also yours.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Guelph: *Mrs. Jean Willitts* (Guelph Gen. Hosp.). Montreal: *Mrs. Maria Bennett* (National Temperance Hosp., London, Eng.), *Ruth Hayward* (Winnipeg Gen. Hosp.), *Mary MacPherson* (Royal Victoria Hosp., Montreal, and Columbia University, N.Y.), *Ruth Seidel* (Ottawa Civic Hosp.), *Jean Thornber* (R.V.H.). Ottawa: *Lois Blair* (O.C.H.). Regina: *Margaret Gronsdahl* (Grey Nuns' Hosp., Regina). St. Catharines: *Mrs. Marie Lemon* (Hamilton Gen. Hosp.). Toronto: *Audrey Hannah* (Peterborough Civic Hosp.), *Mrs. Dorothy Mallory* (G.N.H., Regina), *Georgina Melton* (Toronto East Gen. Hosp.), *Mary E. Powell* (Women's College Hosp., Toronto), *Norah Sullivan* (Wellesley Hosp., Toronto). Vancouver: *Lois Batten* (Nightingale Training School, London, Eng.,), *Dorthie Lee* (W.G.H.). York Township, Ont.: *June Schaefer* (T.E.G.H. and University of Toronto).

Reappointment — Windsor, Ont.: *Elizabeth Martin.*

Transfer — *Donna Wallace* from York Township to be nurse in charge at Hespeler, Ont.

Leave of Absence—York Township: *Vera Jolley.*

Resignations — Montreal: *Mrs. Elinore Hale.* Toronto: *Mrs. Jean Elward, Lorraine Finlayson.* Winnipeg: *Nellie Anderson, Vivian Blair, Mrs. Mary Wiens.*

Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

Appointments: *Olga Friesen* (Hamilton Gen. Hosp. and University of Toronto general course and advanced course in administration and supervision) as public health nursing supervisor, Kitchener board of health; *Helen Anderson* (Hosp. for Sick Children and U. of T. gen. course) as public health nurse, Strathroy; *Dorothy Bennett* and *Hilda Furness* (Health visitors) to Kent Co. health unit; *Helen (Weatherson) Booth* (Toronto Gen. Hosp. and U. of T. gen. course) to Muskoka district health unit; *Rhea Desjardins* (St. Joseph's Hosp., Sudbury, and U. of T. gen. course), formerly with Huron Co. health unit, to Sudbury board of health; *Mary Lake* (Victoria Hosp., London, and Univ. of Western Ont. cert. course), formerly with Kent Co. health unit, to Elgin-St. Thomas health unit; *Elizabeth (Burnham) Lowe* (Saint John Gen. Hosp., N.B. and McGill U. public health nursing course) to Kingston board of health; *Eleanor (Fendley) McComb* (Saskatoon City Hosp. and U.W.O. cert. course) to St. Catharines-Lincoln health unit; *Debora Merkus* (District and p.h.n. course, The Netherlands) to Windsor board of health; *Carol Moorhead* (Wellesley Hosp., Toronto, and U. of T. gen. course) to York Co. health unit; *Lorna Warman* (Toronto East Gen. Hosp. and U. of T. gen. course) to North York board of health.

Resignations: *Eleanor Seely* as public health nursing supervisor, Kitchener board of health after 22 years' service; *Mary Bliss* from East York-Leaside health unit; *Agnes Napier* and *Jean Sills* from St. Catharines-Lincoln health unit.

Word Puzzle

B	Q	U	Z	P
M	E	D	T	O
V	C	A	R	F
K	S	I	H	G
Y	L	W	N	T

Word list for game on Page 233

Rooming-In

DOLORES MOFFATT

"ROOMING-IN" IS THE term currently used to designate the hospital arrangement whereby a mother may have her baby in a crib near her bedside whenever she wishes, as contrasted to the conventional method of keeping the babies in the central nursery and bringing them to the mother at prescribed intervals for feeding. This arrangement is now accepted by many psychiatrists and pediatricians and has been widely publicized by what seems to be a rising public demand.

Three or four decades ago most babies were born at home. Immediately they became a definite unit of family life. They were fed on demand and in homes with limited space and income they slept with the mother. Our grandparents' way of raising children was in keeping with the most modern trend in psychiatric thought. Considering our future it is, therefore, necessary that much thought should be given to this so-called new idea in order to bring the mother and child together at the earliest possible moment.

That we may have a better picture of the question before us, "rooming-in" versus "hospital routine," I shall point out the advantages of the plan as compared to the routine used in most hospitals today.

A regular feeding schedule, whether every three or every four hours, does not meet the physiological needs of all infants or of any one infant on successive days. Infants are subject to the possibility of prolonged crying with consequent fatigue, anorexia, feeling of distress, anger and frustration, or to the possibility of being required to eat when sleepy and unready, with consequent aversion and anger. The repetition of such experiences in the newborn period, when the immature organism cannot well tolerate the absence of physiological satisfaction, may condition poor feeding behavior and a series of behavior problems in later months.

Contrary to this, the rooming-in plan provides for close, personal contact of baby and mother, cuddling, mothering and the opportunity to feed when hungry and to sleep when satisfied. It should be explicitly understood, however, that this is not a licence for allowing the child to grow up doing everything he wants but is a constructive plan for child training based on laws of psychological development. The fundamental premise is that "there is a proper timing, sequence and degree in the application of restraints and discipline in relation to the capacity of the growing child to support them without harming himself." It may please the mothers to know that a baby cries very little on an *ad lib* regime.

The segregation of infants in the nursery limits the mother's acquaintance with the baby's reactions. The mother's lack of intimate knowledge of the infant's behavior in the hospital promotes unnecessary anxieties when she takes him home and is suddenly faced with full responsibility of his care. The hospital regime does not allow her to learn that a satisfied baby cries relatively little and that, after the first two or three weeks of extra-uterine adjustment, he settles into a fairly regular schedule of his own.

Rooming-in gives the mother an opportunity to become acquainted with the baby, to acquire knowledge in caring for him under supervision.

Miss Moffatt is a student at St. Mary's Hospital, Montreal.

It lessens fear and apprehension in knowing the baby's condition at all times. Caring for the infant in the hospital also helps to keep the mother's mind occupied so that she does not think so much about herself. Thus the "after-pains" are of secondary importance.

Formerly the father could only see his child through a glass window which gave him the feeling of being left out and unnecessary. Now he is encouraged to become acquainted with the baby, to care for him and even dress him on going home. As a result, from the beginning, a much closer bond of relationship is established between father, mother and baby.

As for the student, better opportunities are offered her. Nursery duty becomes personalized and satisfying as she works more closely with the family unit. It also relieves the nurse's fear of nursery epidemics.

The pediatrician will be pleased to know that telephone calls following discharge decrease markedly.

Questions concerning the successful functioning of a rooming-in plan are often as follows: Do the mothers not find it tiring? Do you not need a much larger staff? While extra nursing is not required, a different type of nursing is necessary. By a different type of nursing is not meant a redistribution of nursing care but rather that the average floor nurse is called upon to teach, to demonstrate, also to use considerable judgment and initiative. The need for a special nursing supervisor, whose main duty is the overseeing and support of the "roomers-in," depends largely on the temperament and adaptability of the regular nursing staff. In hospitals where the rooming-in plan has been adopted, it has been noted that the patient-nurse and other personnel relationships have become much friendlier and more helpful. Naturally this harmonious relationship is of mutual benefit.

To organize a rooming-in program, the hospital may require some special architectural arrangement. There are several types but two, especially, seem to be favored. The majority seem to prefer private rooms in which the baby's crib is placed alongside the mother's bed. Others are attracted by a four-bed obstetrical unit in which the mother can watch her baby's nursing care at all times through a glass partition. She may receive her baby for feeding whenever she wishes.

Theoretically, rooming-in is an ideal plan but to put it into practice calls for three necessities:

(a) An increasing public demand for it which, in a word, means education of the people.

(b) Preparation of the staff and experienced nurses with understanding and interest to teach the new mother and father about the care and handling of the new baby.

(c) The cooperation of the mother, the father and the baby.

As time goes by new ideas are constantly taking shape, reminding us that we cannot "leave well enough alone" and still improve our present mode of living. We, as Canadian nurses, can do much to forward the rooming-in plan which shows promise of new and better citizenship for the world of tomorrow.

Book Reviews

National Baby, by Sarah Campion. 151 pages. McClelland & Stewart Ltd., 215 Victoria St., Toronto 1. 1950. Price $2.25. *Reviewed by Dorothy M. Knight, Nurse in Charge, Victorian Order of Nurses, Brantford, Ont.*

This book is a personal chronicle of what it is like to have a first baby under the National Health Scheme in England. As the author states: "It is neither a mothercraft manual nor a guide to National Health Insurance."

The description of her experience at the prenatal clinic in a large hospital makes you think of it as an impersonal machine designed to see a very large number of women safely through pregnancy and childbirth.

While this book would be interesting and helpful to the English mothers and mothers-to-be, its value as a reference book for prenatal classes in this country would be limited because of the difference in English and Canadian hospital routine on a maternity ward.

There is a direct approach to the subject which is refreshing. The details of everyday living in England now are interesting and entertaining.

Personnel Administration in Public Health Nursing, by William Brody. 209 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 1951. Price $3.75.

Reviewed by Phyllis J. Lyttle, Acting Supt. of Nurses, Nova Scotia Department of Public Health, Halifax.

The author has forcefully emphasized the close cooperation between the administration of departments and the people employed. Great consideration is also shown of most of the elements commonly found in a well-rounded program. He divides the material into 13 chapters, covering in detail the broad concepts of a public health nursing program: Type of service; recruitment; classification (here is emphasized the fact that the actual duties and responsibilities of a job determine the classification); service evaluation (which should not be just a matter of filling in forms but of preparation for the job to be done); learning all the time (covering all phases from pre-entry to continuous staff education; sound personnel policies (having been prepared through its full participation of administrators, supervisors and staff, thereby presenting a real opportunity for democratic administration). Interesting points with regard to promotion, rewards, resignations, retirements, etc., are raised.

Administrators, supervisors, supervisory staff must all be familiar with and able to apply the fundamental principles of personnel administration.

I feel the author has most enthusiastically portrayed the fact that "personnel administration, especially in an essentially social and educational field like public health nursing, must take into account the human values which are at least as important as the purely technical." He is emphatic regarding the merit system, feeling it is worthy of trial in voluntary as well as official organizations. Much of the material is applicable to administrators other than those in public health.

This book lays great stress on human values. It clearly portrays the fact that public health nurses are becoming more interested in personnel policies which are pliable and progressive. It contains a wealth of knowledge on public health nursing for administrators, supervisors, and staff nurses. It also includes typical short-answer examination questions and answers and a worthwhile bibliography.

Solutions and Dosage, by Sara Jamison, R.N. 295 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Road, Toronto 4. 1947. Price $3.05.

Reviewed by Christena J. White, Science Instructor, General Hospital, Calgary.

This text is divided into three sections. The first precedes chapter one and includes instructions to the teacher. This is excellent. It outlines concisely the need for "adequate mathematical concepts," viz: (1) Understanding the vocabulary; (2) the arrangement of topics and exercises in order of difficulty; (3) the problems should apply to actual situations; (4) problems should be analyzed systematically; (5) there should be motivation in the arithmetic review; (6) automatic responses should be established by sufficient drill; (7) methods of testing.

In this section, too, is pre-test material for review of arithmetic. The pages are perforated and may be removed.

Section II follows the outline with many practice questions and problem analysis well demonstrated. Complete tables with approximate equivalents are outlined with explanations regarding their use.

Problems of dosage—e.g., from hypodermic tablets and drugs in vials or ampoules—is well done. The latter type of problem has little attention in most texts. The illustrations by diagram are clear and useful.

The third section is subdivided into: (1) alternate methods of solving problems; (2) abbreviations used in prescription writing; (3) a summary of measurement tables; and (4) the answers to problems.

I would not recommend it as a text for a group of students, chiefly because it covers drugs and solutions only. As an aid to the instructor with its splendid illustrations, suitable problems, and suggestions for improved presentation of the course material, it is most valuable. Also, it is a worthwhile book to place in the library because it is understandable and may be used with a minimum of guidance for students who are having difficulty with problems.

New Ways to Better Meetings, by Bert and Frances Strauss. Drawings by Thomas E. Hutchens. 177 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1951. Price $3.95.

Reviewed by Sister M. Felicitas, Director of Nursing, St. Mary's Hospital, Montreal.

This book is for anyone who has had to lead meetings, large or small, and has an uneasy feeling that they aren't what they might be. It is also for those less happily situated, who have to go to those meetings and would be the first to admit that most of them are a bore, an irritation, or a sheer waste of time.

Thus the first paragraph of this book explains its aims and it accomplishes these to a great extent. Beginning with a discussion of "what's wrong with our meetings," it continues through to very definite suggestions and techniques for remedying the problems which arise. It is illustrated with amusing cartoons which are right to the point.

An excellent series of chapters deals with group dynamics and even an amateur would have little difficulty in carrying out this method. Role-playing is also described in detail and occasions for its usefulness are demonstrated. Conduct of large meetings, as well as work conferences, come in for discussion. The book ends with suggestions for evaluating meetings and for making them more productive and stimulating.

If you are interested in improving meetings of any type, and particularly if you are responsible for the conduct of some of them, you should find much valuable material in this volume.

Aids to Practical Hygiene for Nurses, by Yvonne M. D. Cooper, B.Sc. and Helena V. Davies, B.Sc. 132 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1951. Price $1.00.

Reviewed by Claire Harrington, Nursing Arts Instructor, St. Joseph's Hospital, Victoria.

The purpose of this book is to assist the student in an interesting and practical way to recognize the application of scientific principles in good hygiene. The content is quite detailed. There are many experiments for the student to make, such as the one to show that expired air still contains some oxygen, to test foodstuffs for mineral elements, and to show the effect of air-space on room-heating. There are diagrams of experiments, sewerage and ventilation systems, gas metres, insects, fabrics and many others. The student is advised to make drawings of numerous articles—the placing of furniture in a ward, the leg of a cockroach, the trap of a wash-basin, etc.

There are sections on home-planning, drainage, and refuse disposal which are more applicable to Britain than elsewhere. Necessarily, some of the terminology is also peculiar to that country.

The book is in spiral loose-leaf form with cardboard back and is meant to be used as a workbook, space being left in which to record answers to questions, results of experiments, and diagrams. The authors suggest that the book be used for two hours a week for one year in addition to present hygiene classes.

This book carries out the purpose for which it was written but because of its too great detail it is not particularly suitable for use in the curriculum of our schools of nursing.

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Candidates must be British subjects, under 40 years of age, except in the case of ex-service women who are given preference. Application Forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria*, or *636 Burrard St., Vancouver 1*, to be completed & returned to the

Chairman, Victoria.

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Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver 9, B.C.

News Notes

ALBERTA

CALGARY

At a meeting of Calgary District 3, Mrs. McIntyre from the Red Cross Blood Donor Clinic was appointed by the executive to represent the district at the A.B.C. Nursing Course held in Edmonton. M. Deane-Freeman presented an informative report on this course, outlining the intensive program to which doctors, scientists, and nurses contributed. The objective is to teach all nurses in Alberta through an organized program, the representatives from each district planning the courses in their own locale. C. White commented on the meeting of the Council of Social Agencies. Miss Ellard plans to send a program of the year's activities with meeting dates to each member of the district.

At a later district meeting, discussion centred on the proposed recommendations of the Labor Relations Reports concerning certified nursing aides, the minimum salary to be $177 less room and board. It was thought unnecessary, however, to use this provincial authority to obtain increases for graduate nurses.

MACLEOD

Thirty persons attended the third meeting of Chinook Chapter when Mrs. R. Hilliard, matron of the hospital and vice-chairman of the chapter, presided and read the by-laws of the A.A.R.N. Mrs. Watkins of Claresholm, chairman, appointed Misses Tiffin and Hill and Mrs. Gray as a committee to set up bylaws for the local chapter to be read at the next meeting. This group will include nurses from Granum, Stavely, Claresholm, and Macleod. Mrs. Hilliard and Miss Tiffin gave their reports on the course on Nursing Aspects of A.B.C. Warfare which they attended at Edmonton. Four parcels were sent to nurses in Korea—two from Claresholm and two from Macleod.

PEACE RIVER

The following officers will serve for the Peace River Chapter during the coming months: President, Mrs. F. Rankin; vice-president, Mrs. G. Thompson; secretary-treasurer, Mrs. S. Adams; executive, Mmes O. Piers, E. Holmes. It is reported with pleasure that the well baby and immunization clinic is very active.

VERMILION

At a meeting of the local Graduate Nurses' Association, A. Holland, medical service representative for Abbott Laboratories Ltd., gave an informative talk on the new plastic intravenous equipment which he had on display. An excellent film was also shown on "Intravenous Therapy." Nurses were in attendance from Minburn, Mannville, Islay, and Vermilion. Other items dealt with in-

ALBERTA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF TUBERCULOSIS CONTROL

requires

Assistant Superintendent of Nurses — ***Central Alberta Sanatorium, Calgary, Alberta.***

Instructor of Nurses — ***Aberhart Memorial Sanatorium, Edmonton, Alberta.***

General Staff Nurses for both the above Institutions.
General Staff Nurse *initial monthly salary:* $150.00 plus $50.50 Cost-of-Living Bonus, less $30.00 maintenance when living in.

Salaries for other positions determined by qualifications and experience of applicant.

For particulars regarding salary increments, holidays with pay, sick leave regulations, and pension plan, write to:

The Director
Division of Tubercolosis Control
Aberhart Memorial Sanatorium
Edmonton, Alberta.

cluded the decision of the nurses to again render service to the Red Cross when the blood clinic is here. The president, Mrs. M. Lehody, was the delegate to the civil defence meetings held in Edmonton.

BRITISH COLUMBIA

ABBOTSFORD

At the annual meeting of the Matsqui-Sumas-Abbotsford Chapter, the following officers were elected: President, D. Carter; vice-president, Mrs. T. Skillicorn; secretary, Mrs. D. Donaldson; treasurer, Mrs. J. Boxtrum. The year's activities included the presentation of the third annual $100 bursary to a student nurse entering training.

CHILLIWACK

The Chilliwack Chapter has organized a civil defence program on the nursing aspects of A.B.C. warfare, with Emily Nelson as instructor. At a recent meeting a travelogue through Yellowstone Park and colored pictures of the Royal Couple taken in Chilliwack were shown by Mrs. C. Bradwin. Following refreshments, with Mrs. H. Edmeston in charge, officers for the coming months were nominated.

KAMLOOPS

The annual Christmas party of Kamloops-Tranquille Chapter was held at the Royal Inland Hospital when the student nurses were guests of the graduates. P. Rowe, president during 1951, was presented with a combination wedding and going-away gift by M. Rowles, vice-president, on behalf of the chapter. She will reside in Vancouver. Conveners for the annual Valentine Tea were appointed. Games and contests were played during the evening and the singing of carols enjoyed.

TRAIL

Mrs. E. Morris was re-elected president of Trail Chapter at the annual meeting. She will be assisted by the following officers: Vice-presidents, J. Chapman, G. Pettifor; recording and corresponding secretaries, D. Sewell, J. Laughery; treasurer, N. Miller. Additional executive include: H. MacKay, L. Richardson, M. Goble, V. Eidt, Mmes J. Mayers, B. Kennedy, D. Beetstra, Armitt, D. Miller.

Mrs. Morris reported on the activities during the past year and announced that plans were progressing for the nurses' dance. Mrs. T. McFetridge, who was a chapter delegate to the course on Nursing Aspects of A.B.C. Warfare held in Vancouver, summarized the proceedings. It is hoped that lectures for Trail nurses will be commenced in the near future.

Chapter meetings are held on the first Monday of each month in the basement lounge of the nurses' home.

VANCOUVER

St. Paul's Hospital

At the January meeting of the alumnae association, Miss Flahiff, librarian, conducted a tour of the new medical library. A glimpse was also given of the newly decorated and organized laboratory.

D. Lattin and E. Heft are on the staff of a small hospital about 25 miles from Honolulu.

WINNIPEG GENERAL HOSPITAL

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Supt. of Nurses, General Hospital, Winnipeg, Man.

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Ottawa 4, Ont.

J. (Yurick) Tyerman is on the surgery staff of the Anglo American Hospital in Havana. E. Thompson intends to join the air force.

MANITOBA

St. Boniface

About 120 members of the St. Boniface Hospital Alumnae Association gathered together at the O.P.D. auditorium to renew acquaintances and talk about old times. A lovely banquet was prepared by the Sisters and a pleasant interlude of music was provided by members of the Student Nurses Glee Club. As is the custom, the Roll was called and Sr. Desilet answered to 1913—the oldest member present.

The business meeting began with the reading of the minutes of the year by the secretary, G. Corniat. The scholarship committee announced that D. Hiley had won the purse for 1951 and would be taking post-graduate studies.

Mrs. Schimnoski called upon the nominating committee for a report which resulted as follows: Honorary president, Sr. Clermont; president, H. Oliver; vice-presidents, M. Gibson, J. Williamson; recording and corresponding secretaries, B. Wood, L. Weibe; treasurer, M. Manson. The following members will also serve: A. Zelinsky, V. Peacock, F. Avery, V. Williams, D. MacDonald, G. Baxter, Mmes Lawson, S. Mahaffy.

Mrs. MacDonald, the retiring president, called upon Miss Greville to explain a few points about the 12-hour course in Civil Defence of A.B.C. Warfare that was to be given. The speaker of the evening, K. McCallum, was introduced by Mrs. Topolinski. Her topic "We Grow" explained the development of the alumnae and the lack of members in comparison with the number of graduates who have left the school. It was pointed out that 1,700 copies of the newsletter *Estote Fidelis* will be sent out in an effort to increase the membership list. The speaker was thanked by G. Baxter.

NEW BRUNSWICK

Campbellton

The annual meeting of the Soldiers' Memorial Hospital Alumnae Association was held in November when reports were received from the various committees showing an active year. Four new members were welcomed during that time. In December a gift of candy was given to the student nurses, nurses who were ill, and candy was also placed under the Veterans Tree. A gift of china and crystal was given to the staff of the nurses' residence on Arran St. A blanket pack was donated to the Dalhousie Hospital Aid for their fair. A miscellaneous booth was a feature at the annual Fall Fair when raffles were held on an electric toaster and cold wave permanent, the latter won by Mrs. H. V. Ramsay. Mrs. A. Murray was sponsored by the alumnae as delegate to Halifax to attend the course in civil defence.

The following officers will serve during the coming months: President, Mrs. M. Quinn;

THE PROVINCE OF MANITOBA

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FOR THE MANITOBA SCHOOL FOR
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A Registered Nurse, preferably with some psychiatric training.

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CIVIL SERVICE COMMISSION**
247 Legislative Building, Winnipeg, Manitoba

vice-presidents, Mmes F. Caldwell, E. MacNeish; secretary, Mrs. E. Watling; treasurer, Mrs. G. Mann; ways and means, Mmes V. Poley, F. Allingham; councillors, Mmes A. G. Murray, H. Crocket, D. Dimock, J. J. MacPherson, W. Ferguson.

MONCTON

At the January meeting of Moncton Chapter, presided over by L. Russell, M. Tait and V. Elliot, program conveners, led a discussion on "Recommended Personnel Policies for Nurses."

Nurses' Hospital Aid

At a recent meeting Mrs. J. Pettet, president, was in the chair. F. Breau, superintendent of nurses, Moncton Hospital, reported on the gifts from the Aid to the student nurses and to the pediatric ward. Mrs. S. Dunham was authorized to purchase five fruit squeezers for the hospital. Mrs. N. Smith commented on the Rolling Dollar which was given to Mrs. K. Lamb. A Chinese Auction and a Tag Day are planned for the future. Refreshments were served by Mmes J. Johnston and J. Neill.

The following officers will serve during the coming year: Honorary president, F. Breau; president, Mrs. J. Morrell; vice-president, Mrs. J. Innes; secretary, Mrs. N. Smith; treasurer, Mrs. W. McCully. Committees: Flowers, Mrs. J. Barnett; ways and means, Mmes K. Mayhew, J. Pettet, H. Robinson; refreshments, Mmes K. Carroll, S. Sinclair; publicity, Mrs. J. Johnston. Mrs. K. Lamb is the representative to the Local Council of Women.

NOVA SCOTIA

NEW WATERFORD

The annual Armistice Day Tea, sponsored by the General Hospital Alumnae Associa-

• SCHOLARSHIP AWARD •

The **Alumnae Association of the Kingston General Hospital, Ontario,** is pleased to announce that a Scholarship will be awarded this year, covering $500, to a member who has had at least one year's experience and who wishes to take post-graduate study.

Please state course desired and make application, before **April 30,** to:

**Miss Sheila Finlay, Sec.
Nurses' Alumnae
General Hospital
Kingston, Ont.**

UNIVERSITY OF MANITOBA

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The Director,
School of Nursing, University of Alberta
Edmonton, Alberta

tion, was held in November and proved a success both socially and financially. Conveners were Mmes G. MacDonald and E. MacDonald. Hostess for the evening was the president, Mrs. E. McNevin. Tickets were collected by Mrs. G. McInnis. Those assisting included: V. Cummings, M. Johnson, M. Campbell, T. MacNeil, Mmes G. McIntyre, F. Mitchell, G. McLeod, T. O'Leary, M. Laffin, G. O'Hearn. Mrs. L. Kiss was in charge of the home-cooking sale and tickets on the bedspread were sold by E. Bennett. This was won by Mrs. M. Hinchey. Mrs. A. Currie was in charge of the tickets on the blanket raffle which was won by Mrs. P. O'Donnell. Musical selections were rendered by Mmes F. Angot and G. Boyd.

ONTARIO

District 1

St. Thomas

A presentation to Isabell (Stewart) Reade was a feature of the Christmas party of the Memorial Hospital Alumnae Association when student nurses and outside graduates were guests at the party. In connection with the presentation of their wedding gift, an address was read by Mrs. E. Laidlaw on behalf of the nurses, expressing to Mrs. Reade the affection and high regard of the members.

District 2

Ingersoll

The annual Christmas banquet of the registered nurses of Ingersoll and district was held at the home of Mrs. Wolstenholme. Guests were welcomed by the president, Mrs. C. Pittock. In the absence of the secretary, Mrs. F. Newman, the treasurer, Mrs. T. Morrison read both reports. Discussion centred on the foundation of a bursary to aid student nurses. The convener of the nominating committee, Mrs. J. Fergusson, presented the slate of officers for the coming year as follows: President, Mrs. C. Pittock; vice-president, L. Wilson; secretary, Mrs. Newman; corresponding secretary, A. Walker; treasurer, Mrs. T. Morrison. Other members who will serve include: V. Howe, Mmes T. Hanlon, J. Meatherall, J. Love, L. Haycock, E. Wright.

Christmas singing was led by Miss Calvert. Mrs. M. Christie thanked the hostess and her assistants for the lovely dinner. A contest was later convened by R. Grieve.

Listowel

At a recent meeting of the Graduate Nurses' Association held at the home of T. Lowry, the nurses voted to purchase blood pressure apparatus, valued at $60, for the Memorial Hospital. Miss Lowry and Mrs. R. B. Abel were named to the nominating committee. Refreshments were served by R. Marks and G. Rothwell.

Woodstock

Kathleen Erb, a 1946 graduate of the

General Hospital, has recently arrived home on a one-year furlough, after spending the past three years as a missionary nurse associated with "The Voice of the Andes" in Quito, Ecuador. She attended the London Bible Institute and went to Colombia in South America in January, 1949. Later that year she joined the nursing staff of the hospital in Quito.

District 3

Guelph General Hospital

The past year for the alumnae association was a busy as well as a profitable one. By holding a tea and penny sale, a rummage sale, a dance, and tag day it was possible to donate $1,500 toward furnishing the new hospital which was opened last August as well as $150 to a student entering training in the September class.

The following officers are serving during the coming months: Honorary president, R. Gaw; president, L. Campbell; vice-presidents, Mrs. L. Gausden, J. Scott; secretary, Mrs. I. Parkinson; treasurer, C. Ziegler. Additional executive members include: B. Reid, E. Stewart, E. Padfield, E. Lunau, H. Standing, D. Monteith.

Kitchener

Twenty-two years of service to the people of Kitchener was recognized recently as fellow workers and friends paid tribute to Eleanor M. Seely, supervisor of nurses in the public health department, on the occasion of her retirement. H. Wilson, senior staff nurse, presented her with a purse and J. W. Symons, chairman of the board of health, presented a book and bookmark—a crisp government bond. Mayor Leavine, members of the department, and City Hall staff spoke with obvious sincerity of their respect for the nurse.

A native of Ingersoll, Miss Seely graduated from Victoria Hospital, London. She practised her profession in many parts of Ontario, Alberta, British Columbia, and in California. She worked in Cochrane during the famous 1923 typhoid epidemic. During World War I she went overseas with No. 3 Canadian Stationary Hospital, seeing service in Egypt and France. She will continue to reside at her Simeon St. home in Kitchener.

District 4

St. Catharines

Mack Training School

A post-Christmas party, in the form of a pot-luck supper, was enjoyed by over 50 members of the alumnae association when each nurse received a small gift. Florence McArter, an M.T.S. graduate, was presented with a pin on the occasion of her 25th anniversary as obstetrical supervisor at the General Hospital. E. Purton presided at the discussion on plans for the annual spring dinner and dance in honor of the graduating class. Miss Simmon was in charge of supper ar-

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rangements in the absence of the social convener, E. Ettling.

Alumnae meetings are held 8:00 p.m. on the first Wednesday of each month.

DISTRICT 5

BOWMANVILLE

Mae Hilditch has assumed her duties as superintendent of the Memorial Hospital, succeeding G. Dewell who resigned. Miss Hilditch held a similar position at St. Andrew's Hospital, Midland. Prior to going to Midland, she was superintendent of the Arnprior and District Memorial Hospital for five years.

TORONTO

General Hospital

A beautiful photo of Miss Purdy was presented to the alumnae association by Mrs. J. Errington. Appreciation is expressed to Dorothy (Rooney) Culley who has retired as the alumnae's secretary-treasurer. Elsie Young, who is her successor, resides at 4 Nottawa Ave., Algonquin Is., Toronto 2.

Edna L. Moore, director of the Ontario Division of Public Health Nursing, has been made an honorary member of the Ontario Division of the Red Cross. Dorothy Dix is now science instructor at T.G.H. Hazel Fletcher has been appointed to the staff of the Toronto Health Dept. following a year at university. Clara Vale is at Forest Hill Village High School having resigned from the T.H.D. Oda Hansen, formerly with the Red Cross Outpost Hospital nursing staff, is on an extended visit to Denmark. Jean Young is on the staff of Nelson Hospital, B.C. A. Patterson is taking public health at the University of Alberta. M. McCaw has joined the R.C.A.F. M. Horne is studying psychiatry. M. Johnson is on the staff at Burnside. She and M. Herd received the degree of B.Sc.N. at the University of Western Ontario.

Western Hospital

Grace Sutton and Amelia Perry, both of whom are leaving the hospital after more than 30 years' service, were honored at a reception held recently at the Edith Cavell nurses' residence. Miss Sutton will assume the post of assistant superintendent of the Newmarket Hospital. A 1920 T.W.H. graduate, she returned in 1924 as night superintendent. She has been head of the obstetrical department for the past ten years.

Graduating in 1916 from the old Grace Hospital on College and Huron Sts., Miss Perry, who is to be married, joined the staff of that hospital in 1917. She was in charge of the out-patient department from then until 1936 when Grace Hospital amalgamated with Western. She has been supervisor of the emergency department at Western since 1938.

DISTRICT 6

CAMPBELLFORD

A successful bridge was held at the home of

Mrs. I. Tatham, sponsored by the Campbellford and district nurses. The guests were welcomed by the president, Mrs. W. Bateson, and Mmes Tatham and J. Archer. Prizes for high scores were won by Mmes Wiggins and Townsend. Mrs. A. Burgis had the lucky cup and saucer. Mmes E. Craighead and A. Wallace had the lucky tallies. The low score prize went to Mrs. S. Dawson. Lunch was served by Mrs. E. Richardson and her assistants. The money raised goes towards establishing a fund for a scholarship for a C.H.S. graduate who is to go in training for a nurse.

DISTRICT 8

Ottawa Civic Hospital

E. G. Young, director of nursing, opened the annual Autumn Bazaar and Tea held by the student nurses. J. Moncrieff was general convener, assisted by D. Loken. Various stalls, in charge of the different classes, featured home-made candy, fish pond and fortune-telling, baby clothes, post office and home-cooking, and miscellaneous articles. A blanket was also raffled.

Ottawa General Hospital

Mayor Charlotte Whitton officially opened the third annual bazaar sponsored by the alumnae association. Mrs. H. Racine, general convener, welcomed Mayor Whitton who was introduced by Mrs. N. Chassé, past alumnae president. The many guests were received by M. Gormley, president, Sr. Veronica, hospital superintendent, Mmes Chassé and Racine.

The tea table was presided over by: Mrs. C. J. L. Roussel, Ladies' Auxiliary president, Mmes T. Rinfret, A. Gauthier, B. Ewing, P. Maloney, W. Lebel, C. H. Labarge, J. Rossignol, A. Lecours, E. Gaulin, A. Powers, A. Richard, R. E. Valin, G. Campbell, N. Sauve, L. Mantha, H. Viau, T. T. Dufour, F. Cote, and Miss I. McElroy. T. Tremblay, J. Sabourin, Mmes R. A. Choquette, A. Powers, and J. Dunn were in charge of the tea room. Conveners of the various booths were: Aprons, A. Sanders, Mmes J. L. Sanders, E. Viau, W. Slattery; home-cooking, I. Boisvert, Mmes D. B. Kipp, L. Pouliot, S. Newman, T. Fournier; notions, Mmes Chassé, A. Lyles; dolls, B. Vaillancourt, O. Cadieux, L. Boudreault, H. Dick, M. Petticlerc, Mrs. C. Brault; turkey stall, Mrs. B. Foley.

A bingo for a turkey prize was held during the afternoon. J. Robert and G. Boland were in charge of tickets. Mrs. Hubert Guerin, wife of the French Ambassador, was a special guest at the bazaar.

DISTRICT 9

SUDBURY

St. Joseph's Hospital

The accompanying photo shows Sisters and nurses from the various northern hospitals who attended a special course in Supervision and Ward Administration held at St. Elizabeth School of Nursing and residence from December 5 to 15.

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To take place on **May 21, 22 and 23, 1952,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once and forms *MUST BE* returned to the Registrar by **April 21, 1952,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

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In the picture may be seen, seated, *left to right, row by row:* JEAN BARNET, general duty, St. Joseph's Hospital; SR. MARIE LUCIENNE, supervisor, male surgical ward; MRS. MYRTLE GAGNE, general duty, General Hospital, Sault Ste. Marie; HENRIETTE LEVIS, general duty, St.J.H.; SR. MARIE LEO, O.R. supervisor, General Hospital, Sudbury. *Second row:* SR. FRANÇOIS-RENE, supervisor, male surgical floor, St.J.H.; SR. MARIE DU BON PASTEUR, O.R. supervisor, St.J.H.; SR. M. ST. REGINALD, obstetrical supervisor, S.G.H.; SR. MARIE ANTOINETTE, central medication supervisor, S.G.H.; ELLETA RAINS, surgical floor supervisor, Plummer Memorial Hospital, Sault Ste. Marie; SR. FLORENCE KEEGAN, professor, Institut Marguerite d'Youville, Montreal (*standing*). *Third row:* SR. MARGUERITE DES ANGES, supervisor, female floor, St.J.H.; SR. JEANNE RITA, obstetrical supervisor, St.J.H.; SR. MARTHA MAY, obstetrical supervisor, St. Joseph's Hospital, North Bay; SR. M. SHEILA, superintendent of nurses, S.G.H.; SR. MARGARET ANN, pediatric supervisor, S.G.H.; SR. PIERRE DE LA CROIX, pediatric supervisor, St.J.H.; SR. ST. CUTHBERT, nursing arts instructor, Pembroke General Hospital; SR. JOSEPHA, x-ray technician, S.G.H.; SR. M. MICHAELA, superintendent of nurses, St.J.H., North Bay; SR. LOUIS JOSEPH, night supervisor, S.G.H. *Back row:* SR. TERESA, superintendent of nurses, Sacred Heart General Hospital, Sault Ste. Marie; SR. M. LUCE, obstetrical supervisor, Sturgeon Falls Hospital; SR. MARIE CLAIRE, night supervisor, S.F.H.

DISTRICT 10

DRYDEN

The first matron for the District General Hospital arrived recently to assume her duties. She is Mary H. Hamilton of Newmarket, Ont., a graduate of the Woodstock General Hospital and for the past five years acting assistant superintendent of York Co. Hospital, Newmarket. Miss Hallett of Toronto will act as operating room nurse.

PORT ARTHUR

The following officers were elected to serve for St. Joseph's Hospital Alumnae Association at the December meeting: President, Mrs. C. H. Chase; vice-president, Mrs. A. Hague; recording and corresponding secretaries, Mmes E. C. Connolly, R. Langstaff; treasurer, N. O'Donnell; visiting committee, Mrs. L. McLaren, R. Shackleton; executive, N. McEwan, Mmes E. Nash, D. Commuzzi, N. Bruni, M. Martin, T. Williams. Mrs. H. L. Chapman and C. Kelly assisted in serving lunch. Mrs. V. Cardy showed pictures of her trip to Europe. An exchange of gifts was held, N. Nayba acting as Santa Claus.

PRINCE EDWARD ISLAND

Approximately 125 nurses from all parts of the province attended a three-day refresher course sponsored by the Association of Nurses of P.E.I. in November. Among the speakers who addressed the group were: Drs. Murchison, Theriault, Lea, Mr. Nichols, Mrs. L. MacDonald, Miss M. Archibald, and Srs. St. Hugh and Irene. The following nurses, under the chairmanship of Sr. M. Stanislaus, participated in the symposium presented: Srs. John Baptist and M. David, M. Archibald, and A. Cameron.

Suggestions for future refresher courses were requested. K. MacLennan, matron at the Provincial Sanatorium, stated that although the sanatorium staff was unable to offer a formal refresher course in tuberculosis nursing at present, observation hours in chest surgery and other specific treatments would be arranged for on request.

QUEBEC

M. Lambert, supervisor of social work at Notre Dame Hospital, Montreal, and E. Barnstead, supervisor of case work, Family Welfare Association, were guest speakers at a meeting of the Bilingual Division of the Industrial Nurses of the A.N.P.Q. Miss Lambert traced the history of social work since its beginnings in Canada, when the first school for social work was founded in Toronto in 1914. Miss Barnstead spoke on "getting acquainted" with community resources and she described the type of problems faced by industrial nurses that might be resolved with the aid of social service agencies.

MONTREAL

General Hospital

The Governors Ball held in February at the nurses' residence was a great success There was a goodly representation of both medical and nursing staff and the event was thoroughly enjoyed by all who attended.

Lectures on A.B.C. warfare, in connection with the Civil Defence Program, were attended by nurses of the Central and Western Divisions.

Reddy Memorial Hospital

Mrs. E. Crewe presided at a meeting of the alumnae association when a financial statement of the past year was presented by the treasurer, Miss Francis. After the election and installation of officers, the remainder of the time was devoted to a discussion of projects for future meetings. A social evening was planned at the home of Mrs. H. Levin for all new graduates.

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QUEBEC CITY

Jeffery Hale's Hospital

Mrs. L. Teakle, president, was in the chair at a meeting of the alumnae association when educational films were shown to the members. Mrs. Seale won the monthly raffle.

SHAWVILLE

Mrs. Kathleen Suffel, a graduate of Public Hospital, Smiths Falls, Ont., has been appointed superintendent of Pontiac Hospital. Formerly Mrs. Suffel practised private nursing and was on the staff of her home hospital.

SASKATCHEWAN

REGINA

The Council of the S.R.N.A. entertained at an informal coffee party at the Grey Nuns' Hospital in honor of a team from Ottawa conducting a course in "Nursing Aspects of A.B.C. Warfare" for registered nurses in the province. D. Code and G. Motta of Moose Jaw, L. Miner of Prince Albert, and L. Wilson, S.R.N.A. registrar, welcomed the guests. Guests of honor included: E. Robertson, E. Pepper, M. Walker, Dr. G. Fryer and Peter Bird, Ottawa. Dr. J. Charron, director of the National Civil Defence Health Planning Group, was a special guest. Other guests included representatives of the provincial Civil Defence Executive Council, Health Services Committee, Nursing Advisory Committee, the city of Regina, and the Regina General and Grey Nuns' hospitals.

Assisting in serving refreshments were: G. McDonald, E. James, Z. Jefferson, M. McCann, and E. Shapley.

A Christmas party, attended by 65 guests, was held by Regina Chapter, District 7, at the General Hospital. Classes of nurses from both the General and Grey Nuns' hospitals who were to graduate in February were guests of honor. Ethel James, president, extended a special message of welcome to the guests. The program convener was I. Colvin. Entertainment included games and carol singing conducted by M. Goski. Accompanists at the piano were J. Hilton and Sr. Brodeur. Those assisting in serving refreshments included: M. Turner, K. Maddaford, V. Robinson, N. Eddie, I. Colvin, B. Hailstone, Mmes V. Galbraith and L. Aldous. M. E. Thompson won the door prize.

MOOSE JAW

General Hospital

Festive decorations were the highlight of the alumnae association coffee party and bazaar when Mrs. I. Jones and Mr. and Mrs. Davies were in charge of the skilful display. Mrs. Jones, general convener, welcomed the guests with G. Motta, superintendent of nurses. Assisting in serving were: Mmes Hampson, Hart, Lind, and Banks. I. Skingle was in charge of the bazaar while Mrs. Gower attended the register. R. Steinhauer won the door prize.

SASKATOON

Approximately 75 members of Saskatoon Chapter attended a dinner held in December with H. B. Keeler and M. MacKenzie in charge of arrangements. The guest speaker, Dean W. S. Lindsay of the School of Medical Sciences, University of Saskatchewan, was introduced by E. Shepperd. With the aid of slides Dean Lindsay gave an address on the plans for the new University Hospital.

City Hospital

The four-day course in Nursing Aspects in A.B.C. warfare, given by the team from Ottawa, was attended by Mrs. N. Osiowy and E. Shepperd. Since their return, follow-up work has begun with lectures being given to the graduate staff.

A formal dance was the first function to be held in the new recreation room of the nurses' residence. Members of the 1952-A class had the honor of being the first to arrange for a social time in this new room with E. Gillespie, class president, in charge.

Members of the student body were pleased to receive a combination radio and record player as a Christmas remembrance from members of the medical staff. The students were also recipients of several articles of silverware from members of the 1950-B graduating class and from Mrs. H. A. Armstrong, acting director of nursing.

J. Chellew, H. Gruhlke, M. E. Hill, L. A. Kangas, M. Melnick, B. Robinson, M. D. Russell, B. Calder, H. Keeler, A. Story, I. Langstaff, and Mrs. M. York received awards for satisfactorily passing examinations in connection with the course in first aid conducted by the Red Cross.

Graduates of S.C.H., residing in Eastern Canada, held their fourth annual reunion in Montreal, Mmes A. Boxer and G. A. Jackson in charge of arrangements. Other guests included: H. Cameron, D. Yacovitch, R. Campbell, R. Brown, Mmes G. Greenfield, G. Webster, K. R. Dwerryhouse, J. W. Baldwin, W. Engelstad, all of Montreal; Mrs. J. Salemo, Peeksvell, N.Y.; C. Munse, New York; Mrs. E. Arbis, Madoc, Ont.; Mrs. D. Dix, Valleyfield, Que.; Mrs. J. E. Porteous, Niagara Falls, Ont.; Mmes J. Homer and A. Johnson, Toronto. The next meeting will be held this fall in Toronto.

The following have joined the nursing staff: Mrs. L. Harry, night supervisor; Mrs. L. Siwak, M. Blight, M. Polvi, L. Callfas, A. Novak, D. Mellish.

Saskatoon Sanatorium

New staff members include: D. Dill, E. (Dobsky) Reimer, and M. (Lonsdale) Thompson. S. Reekie and A. Steckler have resigned, the latter to take a course in O.R. technique at the Edmonton General Hospital. A. MacDonald left for Owen Sound, Ont.

YORKTON

Following the regular meeting in December, the General Hospital Alumnae Association entertained the members of Chapter 4 at a Christmas party.

A great deal of enthusiasm was shown by the ladies of the Rhein Red Cross Branch in a series of lectures in home nursing conducted by the alumnae. The classes were organized by Mrs. E. Parrott, assisted by Miss Gwilliam, Mmes Ellis, Westbury, Wylie, Stubbings, and Watson.

BERMUDA

In November the King Edward VII Memorial Hospital Alumnae Association sent a Christmas box of toys to the children of an East London (Eng.) hospital. The annual Christmas party in December was a great success. Singing of carols was followed by games and refreshments. Christmas presents for the children were given to M. Watson, sister-in-charge of the children's ward.

At the annual meeting the following officers were elected: President, Mrs. F. Tite; secretary, Mrs. J. Nunan; assistant secretary, N. T. Smith; treasurer, Mrs. B. Ingham. Committees: Refreshments, Mmes W. Stubbs, K. Harding, Miss G. Oatway; visiting, J. Rigby, Mmes H. Siggins, C. Outerbridge. Executive, Mmes W. Mayor, Jr., C. McBeath, D. Gibbons.

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Word Game

(See Page 217 for letter square)

A—acme, ardeb, aril, atop
B—bead, bear, beard, bearing, beat, beck
C—cade, card, caring, cart, casing, cask, ceasing, cedar
D—dace, daily, dais, daisy, darg, daric, daring, dart, dear, deck, drain, drop
E—earing, easily, easy
F—ford, forint, fort, frail, frisk, frisky
G—grace, grade, grail, grain, grice, grisly
H—hack, hail, hair, hard, hart, hick, hint
I—iced, irade
L—liar, lick, ling, lint, lira
M—mead, measly, meat
N—nice, nick
O—ordain
P—poring, port
Q—queasy
R—race, rack, rail, rain, rice, rick, ring, risk, risky
S—sack, saice, sail, sain, saint, sard, sari, scar, scarf, scaring, scat, sick, silk, sing, slice, slick, sling, swing
T—tack, tackling, tail, taint, taro, task, that, thick, thickly, thin, thing, third, this, thrice, toric, trace, tracing, track, trade, trail, train, triad, trice, trick
W—whack, wharf, what, whisk, wick, wily, wing
Z—zoril

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Science Instructor & Clinical Supervisor for fall term. 120-bed hospital. 35 students. Salary open. Complete maintenance in comfortable suite. **Operating Room Nurse & General Staff Nurses** also. Apply Director of Nurses, Jeffery Hale's Hospital, Quebec City, Que.

Public Health Nurses (2) for Northumberland-Durham Health Unit. Salary schedule: $2,200-2,900. Car provided or car allowance. Pension plan. Apply Dr. C. W. MacCharles, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

General Duty Nurses for 150-bed sanatorium. Salary: $145 plus full maintenance. 1½ days off per wk. Statutory holidays. 4 wks. vacation after 1 yr. Blue Cross Hospital Plan. Apply Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Vancouver General Hospital invites immediate inquiries from **Graduate Nurses** for Staff Vacancies. Salaries: $222 as minimum & $258 as maximum per mo. plus shift differentials for evening & night duty. Employee benefits include: 44-hr. wk; 11 public holidays; 4 wks. vacation; 1½ days per mo. cumulative sick leave; pension plan if under 35. Acceptable qualifications for registration in B.C. necessary. Apply Director of Nursing, General Hospital, Vancouver 9, B.C.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses (2) for United Church Hospital in Queen Charlotte Islands. Salary: $200 per mo. less $30 for maintenance. 1 mo. vacation with pay after 1 yr. Transportation allowance after 6 mos. service; return after 1 yr. Apply Sec., Skidegate Inlet General Hospital, Queen Charlotte City, B.C.

CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ontario.

General Duty Nurses for General Hospital, Salmon Arm, B.C. Basic salary: $200 per mo. Board, lodging & uniform laundry deduction, $40 per mo. Annual vacation after 1 yr. service, 1 mo. with pay. 11 statutory holidays. Sick leave, 1½ days per mo. Apply, giving references, qualifications, age & experience, to Supt. of Nurses.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan. 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses:** $11 day duty; $12 afternoon or night duty. State Standards. Apply Director of Nursing Service.

Matron before Apr. 20 for 30-bed hospital with modern residence. 2 doctors in town of 1,400 pop. Salary: $215 per mo. plus board & room. 6 R.N.'s & 2 nurses' aides on staff. Write or wire J. H. Moysey, Sec.-Mgr., Union Hospital, Eston, Sask.

Public Health Nurse by July 1 or later. Starting salary: $2,220. Previous experience qualifies for higher salary. Cost of transportation to Port Arthur refunded after working for 3 mos. Car allowance or free transportation while on duty. Pension plan after 3 yrs. service. Apply, stating qualifications & experience, Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

Operating Room Nurse for 100-bed coastal hospital, post-graduate preferred. Salary: $240 plus annual increments, less $50 full maintenance. New nurses' residence. Apply Miss E. Clark, Supt. of Nurses, General Hospital, Powell River, B.C.

Graduate Nurses for 80-bed General Hospital, positions open all services. General duty, $215 per mo.; $10 extra for evenings, nights & relief. **O.R. Scrub Nurses,** $225 plus $2.50 per call case. 6-mo. increases for all nurses up to 18 mos., then merit raises. Maintenance available in nurses' home. 3 wks. paid vacation the 1st yr., 4 wks. thereafter. 1 day per mo. sick leave, cumulative to 45 days total. 44-hr. wk. Apply Director of Nursing, Mahaska Hospital, Oskaloosa, Iowa.

Registered Nurses for General Staff in 21-bed hospital. Salary: $155 per mo. Room, board & uniform laundry provided. Rotating shifts—48-hr. wk. Blue Cross Plan. 3 wks. holidays after 1 yr. service. Apply Supt. of Nurses, General Hospital, Espanola, Ont.

General Duty Nurses (2) for 40-bed hospital. 44-hr. wk. 28 days annual vacation plus 10 statutory holidays. Annual increases & sick leave. Commencing salary: $200 plus $10 per mo. bonus. Full maintenance, $45 per mo. Apply Administrator, General Hospital, Princeton, B.C.

General Duty Nurse for 20-bed hospital. Salary: $150 plus full maintenance. 1 mo. vacation after 1 yr. service. 8 statutory holidays. 8-hr. duty, rotating shifts. 2 wks. sick leave. Apply Supt., Rosedale War Memorial Hospital, Matheson, Ont.

Clinical Supervisor in Obstetrical Nursing by March 15. Apply, stating experience, Director of Nursing, Women's College Hospital, Toronto 5, Ont.

Clinical & Nursing Arts Instructors for 340-bed General Hospital in Winnipeg, preferably with 1-2 yrs. experience. For further information apply Director of Nursing, 20 Sherbrook St., Winnipeg, Man.

Graduate Nurses for completely modern West Coast hospital. Salary: $210 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. **Operating Room Supervisor.** Starting salary: $250 per mo. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

• OPPORTUNITY FOR AN OLDER NURSE •

Private, 22-bed hospital, in Detroit, requires services of **Registered Nurse** for evening shift (4:00–12:00 p.m.) on Mon. & Tues., midnight to 8:00 a.m. three other nights each week. Duties chiefly administering medicines, admitting and discharging patients.

Salary starts at $13 per day with one meal. Two weeks salary for vacation at end of one year. Christmas cash bonus.

Interview desirable prior to employment. *Write to:*

Jean Harrington, Supt. of Nurses, Harworth Hospital, 531 East Grand Blvd., Detroit 7, Michigan.

Combined Matron & Senior General Duty Nurse for hospital in Paper Mill Town in Province of Quebec. Day work only. To supervise general hospital operation & nursing staff of 9. Preferably bilingual. Approximate net salary after board deduction: $260 per mo. **Operating Room Nurse** for O.R. & Delivery Room Duty. Day work with occasional night emergency. Approx. salary after board deduction: $210. **X-Ray Technician** with training in any one of the following: General nursing, physiotherapy, clerical work, dietitian, pharmacy, laboratory technician. Salary after board deduction approx.: $210 per mo. or if also lab. technician: $235 per mo. Apply Personnel Manager, Quebec North Shore Paper Co., Baie Comeau, Que.

Clinical Instructor in Communicable Disease. Salary range: $270-280 per mo. **General Duty Staff Nurses** for Medical, Surgical, Obstetrical & Communicable Disease Depts. & Operating Room. Salary range: $1.30-1.40 per hr. ($247-266 per mo. based on 44-hr. wk.). Planning for 40-hr. wk. Differential of $0.10 per hr. for evening & night duty. 3 wks. vacation with pay after 1 yr. service. 2 wks. paid sick leave. General Hospital, 14 miles from Chicago, near Lake Michigan. University affiliation. Apply Director of Nurses, Evanston Hospital, Evanston, Illinois.

Asst. Supervisor of Operating Room—experience & post-graduate study necessary. Beginning salary not less than $167.50 plus 2 meals & laundry with additional recognition for graduate study & years of experience. Annual increments, vacation & sick time on salary. **General Duty Nurses.** Basic beginning salary: $147.50 plus 2 meals & laundry. 8-hr. day, straight shift. Evening & night duty differential. Vacation & sick time on salary. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Operating Room Supervisor. Salary: $210 per mo. gross. **General Duty Nurses.** Salary: $165-175 per mo. gross depending on experience. **Asst. Night Supervisor.** Salary: $190 per mo. gross. 44-hr. wk. 2½ days holiday per mo. Half day on statutory holidays. 1½ days per mo. sick time cumulative to 30 days. Charge of $30 per mo. made for board & room. Apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Operating Room Supervisor with post-graduate course & experience for 200-bed hospital —active service. School of Nursing. Gross salary: $205-255. Charge of $30 for maintenance if living in residence. 44-hr. wk. Also **Night Supervisor,** capable of taking charge of hospital, including delivery room. Gross salary: $215-275. 44-hr. wk. May live in residence. For full particulars apply Supt. of Nurses, General Hospital, Moose Jaw, Sask.

Science Instructor for Royal Jubilee Hospital School of Nursing, Victoria, B.C. Student body, 200. Instructor to have degree or certificate in teaching, with preparation & experience to teach sciences. Apply, stating qualifications, to Director of Nursing.

Instructor of Nursing (1) & Clinical Supervisor (1). Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Public Health Nurses for clinic & home visiting program in tuberculosis. 5-day wk. 31 days holidays. Statutory holidays. Apply Supervisor, Public Health Dept., Royal Edward Laurentian Hospital, Montreal 18, Que.

Graduate Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Salary: Days $140; evenings $150; nights $145, plus full maintenance in attractive residence. 48-hr. wk., no broken shifts. 21 days vacation plus 8 statutory holidays. Train fare refunded at completion of 1 yr. service. Increments & cumulative sick leave. Apply Director of Nursing, County General Hospital, Welland, Ont.

• WANTED •

600-BED HOSPITAL, WITH ACTIVE SURGICAL SERVICE, REQUIRES AN

Operating Room Supervisor. Staff consists of: Assistants, General Duty Graduates, Students and Auxiliary Personnel. Salary depends on experience and qualifications. Excellent Personnel Policies.

For further information write:

Director of Nursing, Victoria Hospital, London, Ontario.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Asst. Dietitian (qualified) for 225-bed hospital. Apply Chief Dietitian, Moncton Hospital, Moncton, N.B.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus. For other perquisites & further information write Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

Public Health Nurses for generalized program with City Health Dept. Salary: $2,400-3,000. Annual increment, $100. Sick leave plan. 4 wks. vacation. Pension plan & Blue Cross available. Transportation provided. Apply Dr. A. F. Mackay, M.O.H., 65 Simcoe St. S., Oshawa, Ont.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $175-213 plus $20 C.O.L. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Registered Nurses for General Staff for Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, Smiths Falls, St. Thomas, Toronto, Whitby, Woodstock. Gross salary: $2,260 per annum with maximum salary of $2,660, less perquisites ($26.50 for room, board, laundry). Cumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 45-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $185 less $20 for meals. A further $25 charged if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. **Pediatric Supervisor** (teaching & administrative), $225. **Asst. Night Supervisor.** Rotating 3-11, 11-7. $225-235 depending on qualifications. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $125 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holiday. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses for 175-bed Tuberculosis Sanatorium near Prince Rupert, B.C. Salary for General Duty, $232 per mo. plus yearly increases. Room, board, laundry charged at $30 per mo. Transportation refunded on promise of 1 yr. service. Apply airmail, giving full details of experience, Matron, Miller Bay Indian Hospital, Box 1248, Prince Rupert, B.C.

General Duty Graduate Nurses for 60-bed Acute General Hospital, situated 150 miles northeast of Vancouver on B.C. coast. Salary: $222 per mo. less $25 for complete maintenance & laundering of uniforms. 4 wks. holiday with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

Graduate Nurses for Staff Duty—Medical, surgical & obstetrical services. Beginning salary: $250 per mo. Increase every 6 mos.—Maximum $270. $10 additional per mo. for operating or birthroom service. Extra remuneration for afternoon & night duty. 5-day, 40-hr. wk. Apply Personnel Dept., Florence Crittenton Hospital, 1550 Tuxedo Ave., Detroit 6, Michigan.

Graduate Nurses for General Duty on Medical, Surgical & Obstetrical floors in 85-bed hospital, located near Chicago. Also **Surgical Supervisor & Central Supply Supervisor.** Starting salary: $255 with afternoon bonus $30 & night bonus $20. Apply Personnel Director, Highland Park Hospital, Highland Park, Illinois.

Graduate Nurses (2) for General Duty for 6-bed hospital. Salary: $165 per mo. with full maintenance. Shift work. 8-hr. day, 6-day wk. Also position open for **Matron** in Sept. Salary: $185. Apply D. Johnson, Matron, Union Hospital, Arborfield, Sask.

Graduate Nurses for 56-bed hospital. Basic salary: $200 gross. $10 annual increments. Full maintenance $44. Excellent residence. Ample recreational facilities. Vacations, statutory holidays, sick allowance. Apply Supt. of Nurses, Wrinch Memorial Hospital, Hazelton, B.C.

General Staff Nurses for 60-bed Pediatric-Orthopedic Hospital. For information apply Director, Shriners' Hospitals for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

General Duty Nurses for Operating Room, Pediatrics & Surgical & Medical Nursing. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

X-Ray & Laboratory Technician for 35-bed fully equipped hospital. Apply, giving age, experience & salary expected, Municipal Hospital District No. 19, Vulcan, Alta.

Asst. Supervisor for Surgical & Obstetrical floors in new 124-bed General Hospital. Apply Supt., Prince County Hospital, Summerside, P.E.I.

Science Instructor (1) & Nursing Arts Instructor (1) for Aug. 1. New hospital to be completed next Fall. Salaries open. Apply Supt., Charlotte County Hospital, St. Stephen, N.B.

General Duty Nurses for Surgical Unit handling thoracic & orthopedic surgery. For further information apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

Night Supervisor, General Duty Nurses, Registered & Grace Maternity Graduates, Laboratory Technician. Apply, stating experience, Supt., Queens General Hospital, Liverpool, N.S.

Industrial Nurse (highly qualified) to replace Head Nurse of large Manufacturing Company located in Eastern Ontario centre. Excellent working conditions & attractive salary range. Qualifications: Public Health Training & Registered in Ontario or Quebec. Apply c/o Box E, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal, Que.

Registered Nurses for General Duty in new 60-bed hospital on Lake Erie, 35 miles from Detroit. 8-hr. duty, rotating shifts. Apply District Memorial Hospital, Leamington, Ont.

Matron for new fully modern 36-bed hospital. Attractive surroundings & ideal working conditions. Separate nurses' residence. Cumulative sick leave. 1 mo. holiday after 1 yr. service. Duties to commence May 1. Apply, stating salary expected, qualifications & experience, Mrs. M. Hamilton, Sec.-Treas., District Memorial Hospital, Neepawa, Man.

Public Health Nurse, preferably experienced, for newly established county-wide school nursing service in Haliburton County. Salary: $2,500 per yr. plus 10 cts. per mile travelling allowance & free office space. Duties to begin Aug. Apply, stating experience & qualifications, Mr. E. A. Rogers, County Clerk, Minden, Ont.

Staff Nurses for afternoon & evening shifts. Starting salary: $215. 5½-day wk. Meals & laundry furnished free. **Surgery Nurses.** Starting salary: $210 per mo. with full maintenance. 5½-day wk. A day's pay for each call night. Apply Southwestern General Hospital, El Paso, Texas.

Nursing Arts Instructor (position open now) & **Science Instructor** (position open Aug. 1) for 1,450-bed active treatment Mental Hospital conducting accredited School of Nursing. Gross minimum salary, including Cost of Living Bonus: $250 per mo. plus excellent holiday, sick leave & pension programs. Apply, stating qualifications & experience, Supt. of Nurses Provincial Mental Hospital, Ponoka, Alta.

General Duty Nurses (2) for 60-bed hospital. Salary: $150 per mo. with 3 annual increments of $5.00. 48-hr. wk. Straight 8-hr. duty. $5.00 extra for evening & night duties. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Alexandra Marine & General Hospital, Goderich, Ont.

Registered Nurses for 60-bed General Hospital. Salary: $150 per mo. plus full maintenance. 44-hr. wk. 3 wks. vacation. Apply Supt., Public Hospital, Smiths Falls, Ont.

Director of Nurse Education for 320-bed Sanatorium for Tuberculosis. Starting salary: $235 per mo. gross. Increase after 6 mos. 44-hr. wk. 3 wks. annual vacation. Pension Plan. Group Insurance. Blue Cross Hospital Plan. For further information apply Director of Nurses, Fort William Sanatorium, Fort William, Ont.

Matron for The Wales Home by May 1. Home for the Aged with 90 beds. Apply, stating age & qualifications, Sec., The Wales Home, Richmond, Que.

Registered Nurses (2) for General Duty for 35-bed active General Hospital, 50 miles from Toronto. Salary: $178 gross. 3 wks. vacation. 48-hr. wk., rotating shifts. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Supervisor for Obstetrical Dept. (experienced). Post-graduate training preferred. Salary: $160 per mo. plus full maintenance. Increments & cumulative sick leave. Full information on application to Director of Nursing, County General Hospital, Welland, Ont.

Surgical Clinical Supervisor (1) with post-graduate preparation and with, preferably, at least 1 yr. experience for Providence Hospital School of Nursing, Moose Jaw, Sask. Salary & hours of duty in accordance with Sask. Registered Nurses' Ass'n recommendations. For further information apply Director of Nursing.

All good recreation must provide happiness and be engaged in through free choice. It must provide satisfaction through security, recognition, achievement, adventure, and creativeness. It must have values—aesthetic, physical, civic and social, moral and ethic. It must be conducive to sound health—physical and mental. It must not be dangerously competitive. It must allow for individual imagination and initiative and help people to think. It must be training for living.

—Prof. Alan F. Klein
Canadian Welfare

The Nurse

When I recall, how much I owe to them
Who spend their lives in service to mankind,
Who tend the sick, and still in nursing find
A joy in honest work, and not contemn
The peevish whims that tender care would stem,
Who see men's faults, and yet to such are blind,
And strive to ease their pain with peace of mind.
I wish that I could plate a diadem,
To place upon the loyal head of all
Such noble souls: I deem all kindly speech
The heart of grateful men might improvise,
An offering by far, too mean, and small,
When in pain's dark and lonely night, I reach
For gentle hands of Angels in disguise.

— Elizabeth M. Moyer

Note: This poem received honorable mention in a competition sponsored by Canadian Authors' Association, Edmonton Branch.

THE BRITISH COLUMBIA CIVIL SERVICE ***require***

NURSING SUPERINTENDENTS, Grade 1, for the *Provincial Mental Hospital, Essondale, B.C.*

Salary: $238 rising to $288 per mo., including Cost of Living Bonus.

Qualifications: Eligible for registration in British Columbia & have a certificate in teaching & supervision & post-graduate study (or its equivalent) & experience in psychiatric nursing; must be capable of administration & supervision of a group of ward units.

Candidates must be British subjects & under 40 years of age, except in the case of ex-service women who are given preference.

Further information and applications may be obtained from **Director of Nursing, Provincial Mental Hospital, Essondale, or the B.C. Civil Service Commission, Weiler Bldg., Victoria, B.C.**

Official Directory

Provincial Associations of Registered Nurses

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BRITISH COLUMBIA

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NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

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A.A., Victoria General Hospital, Halifax

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A.A., Brockville General Hospital

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A.A., Ontario Hospital, Brockville

Pres., Mrs. E. Wilkins; Vice-Pres., Mrs. O. Belfoi, Miss G. Best; Sec., Mrs. B. Kirker; Treas., Mrs. O. Bigford, 9 Hubble St.; *Committees: Membership*, Mmes J. Gaffney, C. Jenkins, M. Fairbourne; *Welfare*, Mmes S. Wilson, A. Haggerty, H. Forbes; *Social*, Mrs. R. Warner, Misses M. Martin, T. Lynch; *Rep.* to *Press*, Mrs. A. Dodds.

A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Sr. Consolata; Hon. Vice-Pres., Sr. Georgina; Pres., Miss P. Taschereau; Vice-Pres., Mrs. C. I. Salmon, Miss D. Carley; Rec. Sec., Miss D. Marini; Corr. Sec., Miss A. Kenny, 258 Queen St.; Treas., Mrs. E. Peco; *Committees: Program*, Mrs. H. Colby, Misses M. Zimmer, J. Wright; *Refreshments*, Miss I. Costello, Mmes H. Kehoe, J. Haslip; *Buying*, Mrs. J. Embree, Miss M. Doyle; *Councillors*, Miss F. Richardson, Mmes H. McPherson, I. Mulhern; *Reps.* to: *Blue Cross*, Mrs. M. Mulhern; *Press*, Miss Marini; *The Cdn. Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

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A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Sr. St. George; Pres., Sr. Mooney; Vice-Pres., Miss Veronica McPhail; Sec.-Treas., Sr. St. M. Magdalen, H.D.H.; *Social Convener*, Mrs. J Densmore.

A.A., McKellar Hospital, Fort William

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A.A., Galt Hospital

Hon. Pres., Miss G. Hill; Pres., Miss A. Stoltz; Vice-Pres., Miss B. Leslie; Sec., Mrs. G. Byrne; Treas., Miss J. Gilchrist, 7 Dalton Apts.; *Committees: Flowers & Gifts*, Miss H. Blagden; *Social*, Misses F. Clark, F. Cole; *Program*, Mrs. Byrne; *Phone*, Miss C. Murphy, Mrs. L. Maddock; *Rep.* to *Press*, Mrs. W. Bell.

A.A., Guelph General Hospital

Hon. Pres., Miss R. Gaw; Past Pres., Miss M. McFee; Pres., Miss L. Campbell; Vice-Pres., Mrs. L. Gausden, Miss J. Scott; Sec., Mrs. I. Parkinson, 50 Stuart St.; Treas., Miss C. Ziegler, 48 Delhi St.; *Committees: Program*, Miss B. Reid; *Social*, Mrs. Parkinson; *Gifts & Cards*, Miss E. Stewart; *Overseas Parcels*, Miss E. Padfield; *Wedding Gifts*, Misses E. Lunau, H. Standing; *Reps.* to: *Blue Cross*, Miss D. Monteith; *Press & The Cdn. Nurse*, Mrs. Parkinson.

A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. St. Paul; Hon. Vice-Pres., Sr. M. Alphonsine; Pres., Mrs. N. Wilton; Vice-Pres., Mrs. K. Thomson; Sec., Miss Margaret Hanlon, R.R. 6; Corr. Sec., Mrs. M. Clayton; Treas., Mrs. C. Kelly; *Entertainment Conv.*, Miss H. Scroggie; *Blue Cross Conv.*, Miss Hanlon.

A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss E. Ferguson; Vice-Pres., Miss G. Blyth, Mrs. E. Lamb; Rec. Sec., Miss M. Cameron, H.G.H.; Asst., Miss R. Truscott; Corr. Sec., Miss M. Irving; Treas. & Asst., Misses D. & H. Cosford; Sec.-Treas. & Asst., Mutual Benefit Ass'n, Misses M. Morrow, A. Lush; Exec. Com., Misses E. Baird (conv.), C. Leleu, E. Bingeman, I. Mayall, M. Henderson; *Committees: Program*, Misses A. Welstead, D. Stock; *Flower & Visiting*, Miss M. Williams; *Membership*, Misses M. Stewart, V. Pezzetta; *Publications*, Misses J. Irwin, E. Weldon; *Reps.* to: *Local Council of Women*, Mrs. J. Bristow; *R.N.A.O.*, Miss K. Ingram; *Trustees, W. F. Langrill Educ. Fund*, Misses A. Scheifele (conv.), M. Watson, H. Alderson, J. Harrison.

A.A., Ontario Hospital, Hamilton

Pres., Miss M. A. Seeman; Vice-Pres., Miss S. Legris; Sec., Miss E. Orr, O.H.; Treas., Miss L. Angle; *Committees: Social*, Misses A. Legree, A. Porteous, M. Abrams, Mrs. M. Stoneman; *Visiting*, Mmes M. Sutherland, D. Jeffrey; *Rep.* to *Press*, Mrs. A. Kroeker.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Geraldine; Hon. Vice-Pres., Sr. M. Ursula; Pres., Mrs. Bert Markle; Vice-Pres., Miss E. Quinn, Mrs. J. Tilden; Sec., Miss B. Clohecy, 61 E. Ave. S.; Treas., Miss N. Hinks; *Committees: Executive*, Misses A. McCowell, N. Walsh, M. Reding, Mrs. R. C. Wheatley; *Social*, Miss A. Payne; *Publicity*, Miss D. Rilett; *Reps.* to: *R.N.A.O.*, Miss E. Freeman; *The Canadian Nurse*, Miss A. McNamara.

A.A., Kingston General Hospital

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A.A., Kitchener-Waterloo Hospital, Kitchener

Hon. Pres., Miss J. Young; Pres., Mrs. R. Hodd; Vice-Pres., Mrs. H. Schmalz; Sec., Mrs. F. Snyder; Corr. Sec., Mrs. C. Pequegnat; Treas., Mrs. R. P. Ruppel, 217 Glasgow St.; Asst. Treas., Mrs. E. Lescom.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Paula; Pres., Mrs. C. Sehl; Vice-Pres., Miss A. Sabisch; Rec. Sec., Miss A. Psutka; Corr. Sec., Mrs. M. Weber, 369 Frederick St.; Treas., Mrs. K. M. Colombe, 39 Mary St.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. Reid; Hon. Vice-Pres., Miss B. M. Allen; Pres., Mrs. H. Lawrence; Vice-Pres., Mmes A. Terrill, E. Mark; Sec.-Treas., Miss W. Windatt, R.M.H.; *Committees: Membership*, Misses J. Ferguson, L. Brintnell; *Program*, Mmes V. Wagstaffe, M. Morrison, Miss Brintnell; *Rep.* to *Press*, Miss I. Brass.

A.A., Ontario Hospital, London

Hon. Pres., Misses Jacobs, F. Thomas; Pres., Mrs. M. Daiken; Vice-Pres., Mmes Bruner, Maloney; Sec., Mrs. E. McKinlay, Nurses Res., Westminster Hosp.; Treas., Mrs. P. Soutar; Asst. Sec.-Treas., Miss A. H. Thompson; *Social & Flower Conv.*, Mmes Hood, Grosvenor; *Rep.* to *Press*, Mrs. Haylett.

A.A., St. Joseph's Hospital, London

Hon. Pres., Sr. Fabian; Hon. Vice-Pres., Sr. Ruth; Pres., Miss P. Gray; Vice-Pres., Misses N. Griffin, M. Watson; Rec. Sec., Miss P. McKeough; Corr. Sec., Miss M. McIntyre, 449 Dundas St.; Treas., Miss P. O'Dwyer; *Social Conv.*, Miss M. F. Costello; *Registry*, Misses F. Carfrae, F. Caddy; *Reps.* to: *Press*, Mrs. M. Hardy; *The Cdn. Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

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A.A., Greater Niagara Hospital, Niagara Falls

Pres., Mrs. D. Schwab; Vice-Pres., Miss I. Betts; Sec., Mrs. E. McLeod, 878 Welland Ave.; Treas., Mrs. J. White; *Social Conveners*, Mmes Evans, N. Weaver.

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. M. Bennett, E. Young; Pres., Miss E. Horsey; Past Pres., Miss P. Farmer; Vice-Pres., Miss V. Adair, Mrs. J. Edgar; Rec. Sec., Miss D. Clark; Corr. Sec., Miss L. Barry, 105 Hamilton Ave.; Treas & "*Spokes Speak*" *Conv.*, Miss M. Lamb, 222-1st Ave. Apt. 2; Asst. Treas., Miss W. Gemmell; *Councillors*, Misses J. Milligan, B. Graydon, H. Campbell, Mmes H. M. Weld, D. L. Lindsay, D. K. Dale; *Flower Conv.*, Miss J. Eckford; *Nominating Conv.*, Miss D. Johnstone; *Rep.* to *The Cdn. Nurse*, Miss E. Poitras.

A.A., Ottawa General Hospital

Pres., Mrs. D. Kipp; Vice-Pres., Misses T. D'aoust, M. Prindeville; Sec., Miss C. Hastings; Treas., Miss J. Stock, 390 Chapel St.; *Catholic Women's League*, Mrs. E. McEvoy; *Membership Sec.*, Miss J. Frappier; *Councillors*, Mmes S. Sims, R. Simard, R. Seguin, Misses L. Boudreault, M. Joya, G. Boland; *Reps.* to: *Sick Benefit Fund*, Miss T. Tremblay; *Blue Cross*, Mme N. Chassé; *R.N.A.O.*, Misses M. Butler, A. Sanders; *The Cdn. Nurse*, Miss V. Belier.

A.A., St. Luke's Hospital, Ottawa

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A.A., Owen Sound General and Marine Hospital

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A.A., Lorrain School of Nursing Pembroke General Hospital

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A.A., Peterborough Civic Hospital

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A.A., St. Joseph's General Hospital, Port Arthur

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A.A., Mack Training School, St. Catharines

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A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss I. Stewart; Pres., Mrs. Doris Astbury; Vice-Pres., Miss A. Mason; Sec., Miss A. Claypole; Corr. Sec., Miss E. Dodds, 33 Wellington St.; Treas., Miss A. Perfect.

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A.A., Stratford General Hospital

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A.A., The Grant Macdonald Training School for Nurses, Toronto

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A.A., Hospital for Sick Children, Toronto

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A.A., Riverdale Hospital, Toronto

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A.A., St. John's Hospital, Toronto

Pres., Miss V. Holdsworth; Vice-Pres., Mmes B. Browett, Smith; Sec., Miss R. Turnbull; Treas., Mrs. P. Thring; *Visiting Convener*, Miss R. Ramsden.

A.A., St. Joseph's Hospital, Toronto

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A.A., St. Michael's Hospital, Toronto

Hon. Pres., Sr. Maura; Hon. Vice-Pres., Sr. M. Kathleen; Pres., Miss G. Ferguson; Vice-Pres., Misses D. Murphy, M. Moore, M. Ray; Rec. Sec., Miss M. Quinlan; Corr. Sec., Miss J. Lacroix; Treas., Miss G. Donovan, 141 Lawton Blvd.; *Active & Assoc. Membership*, Miss F. Turcotte, Mrs. J. McCormack; *Nurs. Educ.*, Miss G. Murphy; *Reps.* to: *R.N.A.O.*, Miss M. Schwanbeck; *Registry*, Misses H. O'Sullivan, A. Murphy, Mrs. A. Romano; *Blue Cross*, Mrs. Romano; *Press*, Miss D. Bowman; *Ed., "The News,"* Miss K. Boyle.

A.A., School of Nursing, University of Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. M. Emory; Past Pres., Miss E. Dick; Pres., Miss Eileen Cryderman; First Vice-Pres., Miss Gwladwen Jones; Sec. Vice-Pres., Miss Phyllis Jones; Sec.-Treas., Mrs. Charles Querrie, 23 Marmaduke St., Toronto 3.

A.A., Toronto General Hospital

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A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

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A.A., Toronto Western Hospital

Hon. Pres., Miss B. L. Ellis, Mrs. C. J. Currie; Pres.; Miss B. Miles; Vice-Pres., Misses K. Ellis, A. Bell, Corr. Sec., Miss M. McKenzie; Treas., Miss L. Burgess; *Blue Cross* Treas., Miss D. Armstrong; *Reps.* to: *R.N.A.O.*, Miss E. Smith; *The Cdn. Nurse*, Miss M. Steed.

A.A., Wellesley Hospital, Toronto

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A.A., Women's College Hospital, Toronto

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A.A., Ontario Hospital, New Toronto

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A.A., Connaught Training School for Nurses Toronto Hospital for Tuberculosis, Weston

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A.A., Grace Hospital, Windsor

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A.A., Hôtel-Dieu Hospital, Windsor

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A.A., Woodstock General Hospital

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QUEBEC

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A.A., Children's Memorial Hospital, Montreal

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A.A., Queen Elizabeth Hospital, Montreal

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